



DEBATE PACK

Number CDP-2018-0080, 27 March 2018

Recruitment and retention of GPs

Summary

This House of Commons Library Debate Pack briefing has been prepared in advance of a debate entitled "Recruitment and retention of GPs". This will be led by Bridget Phillipson MP and will take place in Westminster Hall at 2.30pm on Wednesday 28th March 2018. This briefing provides background information, parliamentary material, press articles, and further suggested reading which Members may find useful.

NHS recruitment and retention drives in England will often be found locally, rather than nationally. The Department of Health & Social Care sets the education and training outcomes for the NHS and secures the necessary resources.

The [General Practice Forward View](#), published in April 2016, committed the Government to strengthening the general practice workforce in England. It set out investment of an extra £2.4 billion a year by 2020/21 to support and grow general practice services. As part of this, it included a Government commitment to increase the number of "doctors in general practice by a minimum of 5,000" by 2020, with over 15,000 GPs being trained between 2015 and 2020. It also committed the Government to attract and retain "at least an extra 500 GPs back into English general practice".

This debate pack briefing outlines the various recruitment and retention initiatives undertaken by the Government and NHS England to meet these objectives, as well as providing the policy context and the latest statistics showing GP numbers and the proportion of medical students recruited to GP speciality training in 2017. Overall, there were 27,930 GPs in England in December 2017, which is 0.8% lower than in December 2016 and 4.5% lower than in September 2015.

This briefing focuses almost exclusively on England.

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1. Background

1.1 GPs in England

How have GP numbers changed in England?

There were 27,930 GPs in England in December 2017 (excluding locums, trainees and those undertaking only a small amount of clinical work).

This is 0.8% lower than in December 2016 and 4.5% lower than in September 2015.

Changes to the way data was gathered mean that statistics from 2015 onwards are not comparable with earlier years.¹ Between 2007 and 2014, the number of GPs increased by 5.4% from 30,936 to 32,628. These numbers aren't comparable to the most recent figures, so it is not possible to say precisely (for example) how the number of GPs changed between 2010 and 2017.

GENERAL PRACTITIONERS IN ENGLAND		
FTE basis, excluding registrars, retainers and locums		
Date	Old Measure	New Measure
Sep 2007	30,936	
Sep 2008	30,675	
Sep 2009	32,111	
Sep 2010	31,356	
Sep 2011	31,391	
Sep 2012	31,578	
Sep 2013	32,075	
Sep 2014	32,628	
Sep 2015		29,229
Sep 2016		28,458
Dec 2016		28,135
Mar 2017		28,092
Jun 2017		27,858
Sep 2017		27,836
Dec 2017		27,930

GP numbers here are measured on a 'full-time equivalent' (FTE) basis. This takes into account whether GPs work full-time or part-time – e.g. a GP who worked 50% hours would count as 0.5, not 1. The alternative measure, 'headcount', counts each GP as 1 irrespective of the hours they work. For measuring changes in workforce strength, the FTE measure gives a fuller picture.

The table below shows changes in each NHS England region since 2015. Lancashire has seen the largest fall in GP numbers over this period.² The South West region saw the smallest fall. Because of changes to the data mentioned above, as well as changes to NHS geography, comparisons before 2015 aren't possible at this level.

¹ NHS Digital, [General and Personal Medical Services, Dec 2017](#) and previous editions

² Note that the Dec 2017 figure for Lancashire excludes the parts of southern Cumbria that transferred in April 2017. The figure is nevertheless comparable.

TRENDS IN GP NUMBERS IN ENGLISH REGIONS				
Full-time equivalent; excluding registrars, retainers and locums				
NHS England Region	Sep-15	Dec-16	Dec-17	Change
North (Yorkshire and Humber)	2,882	2,760	2,764	-4.1%
North (Greater Manchester)	1,466	1,410	1,384	-5.6%
North (Lancashire)	767	711	697	-9.1%
North (Cumbria and North East)	1,774	1,667	1,643	-7.4%
North (Cheshire and Merseyside)	1,409	1,374	1,379	-2.1%
Midlands and East (North Midlands)	1,973	1,894	1,831	-7.2%
Midlands and East (West Midlands)	2,298	2,222	2,233	-2.8%
Midlands and East (Central Midlands)	2,316	2,262	2,208	-4.6%
Midlands and East (East)	2,235	2,154	2,104	-5.9%
South (South West)	1,867	1,824	1,858	-0.4%
South (South East)	2,277	2,144	2,143	-5.9%
South (South Central)	1,923	1,904	1,882	-2.1%
South (Wessex)	1,525	1,451	1,447	-5.1%
London	4,561	4,358	4,356	-4.5%

Notes:

Morecambe Bay moved from Cumbria & North East to Lancashire region in Apr 2017. The figures above have been adjusted to account for this

Greater Manchester and Lancashire were reported together until 2016. The value for September 2015 is calculated by summing the constituent CCGs.

Note that this data includes estimates for practices that did not submit data in each period (between 5-10% of GP practices).

Recruitment to GP training

The table below shows [data from Health Education England](#) on recruitment to GP speciality training in 2017. The data shows that fill rates were lower in the north of England than in the south, while some southern areas were able to overfill. England and Wales had higher recruitment rates than Scotland and Northern Ireland.

RECRUITMENT TO GP TRAINING, 2017			
Region/nation	Places	Total acceptances	Fill rate
East Midlands	280	257	92%
East of England	330	330	100%
Kent, Surrey and Sussex	247	253	102%
North East	192	147	77%
North West	483	418	87%
South West	264	271	103%
Thames Valley	130	135	104%
Wessex	149	154	103%
West Midlands	359	336	94%
Yorkshire and the Humber	351	299	85%
London	465	493	106%
England	3,250	3,093	95%
Northern Ireland	97	89	92%
Scotland	430	318	74%
Wales	136	147	108%

1.2 NHS recruitment and retention in England

Many NHS recruitment drives will often be found locally, rather than nationally. The Department of Health & Social Care sets the education and training outcomes for the NHS and secures the necessary resources. It also sets the regulatory, policy and legal framework. In 2013, it established [Health Education England \(HEE\)](#) and charged it with the responsibility of securing a health and healthcare workforce in England which meets the needs of local services users, providers, and commissioners of healthcare.

Health Education England

The HEE annual workforce plan for England sets out its view of demand and supply across all healthcare professions, including doctors and nurses. One of HEE's main methods of securing a sufficient workforce is through its commissioning of education and training places.

HEE has four [Local Education and Training Boards \(LETBs\)](#) that are responsible for the training and education of NHS staff, both clinical and non-clinical, within their area. They are committees of HEE, and comprise of representatives from local providers of NHS services. They are the vehicle for providers and professionals to work with HEE to improve the quality of education and training outcomes so that they meet the needs of service providers, patients, and the public.

In December 2017, HEE, along with other NHS bodies such as NHS England and NHS Improvement, in addition to Public Health England, published a [draft Workforce Strategy](#) to inform "a national discussion on strategic workforce issues so that by next July a workforce strategy to 2027 can be published: the first Workforce Strategy for over two decades." The consultation for this started on 13th December 2017 and finished on Friday 23 March 2018. The draft Strategy proposes six "system-wide" principles to make better workforce planning and policy decisions which are:

- Securing the supply of staff the health and care system needs to deliver high quality care in the future
- Training, educating and investing in the workforce to give new and current staff flexibility and adaptability
- Providing broad pathways for staff so they have careers, not just jobs
- Widening participation in NHS jobs
- Ensuring that the NHS, and other employers in the system, are model modern employers
- Ensuring that in future service, financial and workforce planning are properly joined up.³

³ Health Education England, Public Health England, NHS England, NHS Improvement, [Facing the Facts, Shaping the Future: a draft health and care workforce strategy for England to 2027](#), December 2017, pp18-19

HEE also provides national plans for particular areas of health service delivery, such as mental health.

1.3 Recruitment and retention in General Practice

The [Five Year Forward View](#) (FYFV), published in October 2014, is NHS England's planning document for the NHS up to 2020. It includes some specific provisions on recruitment and training. In a follow up document, [Five Year Forward View: Time to Deliver](#), the following proposals were set out:

- Sharing of best practice on staff retention, and joint action on short-term international recruitment to alleviate immediate pressures whilst increased domestic supply from recent increases to training commissions comes on stream.
- Supporting efforts to provide NHS staff with more flexible working including looking at shift patterns and pensions and supporting better career paths for our nurses.
- Reduce staff sickness rates and the need for agency staff by improving the health of the NHS workforce, linking with the work led by the Prevention Board.⁴

In March 2017, NHS England produced the document [Next Steps on the NHS Five Year Forward View](#) which set out its ambitions to boost key workforce numbers, by certain measures which build on the proposals from *Time to Deliver*. It remarks that "more people are training to join the NHS every year than are leaving it" and that HEE forecasts that "at least" 25,000 to 50,000 net additional clinical staff could be available for NHS employment in 2020.⁵

There has, recently, been some concern about the level of staffing in general practice throughout the UK. A recent [BMA briefing](#) on GP recruitment and retention in England, published in March 2018, noted that:

General Practice in England is under ever increasing pressure to deliver more support to patients with less resource, and whilst these problems grow in severity, GPs are being forced to test their resilience beyond reasonable limits and confront issues from not just one, but multiple directions. GP ability to provide the best standard of care is being hampered by volume of patients and lack of doctors and staff.⁶

A survey undertaken in 2017 by *Pulse* magazine, a publication for GPs, found that 12.2% of positions were vacant, compared to 2.1% in 2011 when data began to be collected.⁷ A [BMA survey](#) conducted in 2017 found that 54% of respondents would consider temporary suspension,

⁴ NHS England, [Five Year Forward View: Time to Deliver](#), June 2015, p6

⁵ NHS England, [Next Steps on the NHS Five Year Forward View](#), March 2017, p55

⁶ BMA briefing, [GP recruitment and retention](#), March 2018

⁷ ["GP recruitment crisis intensifies as vacancies soar to 12.2%"](#), *The Guardian*, 12 May 2017

and 44% would be in favour of applying for a formal and permanent list closure from NHS England. Moreover, the most recent British Social Attitudes survey found that 65% of people are happy with their GP services, which is the lowest recorded since 1983.⁸

The following section of this briefing sets out some of the initiatives that the Government and the NHS proposes “to continue to improve productivity and grow our frontline workforce” with a particular focus on general practice.⁹

Growing medical school places

The [Next Steps on the NHS Five Year Forward View](#) explained that the Government was committed to adding an extra 1500 undergraduate medical school places (an increase of 25%) by 2020, with 500 in 2018 and a further 1000 from 2019. The aim is to train more medical students to become GPs and psychiatrists.¹⁰ Indeed, the [Mandate to Health Education England](#), which outlines the Government’s objectives for providing health education and training, included in its 2017-18 iteration, an objective to ensure that a minimum of 3,250 trainees continue to be recruitment to GP training programme in England.¹¹

According to the [HEE draft Workforce Strategy](#), the first 500 additional places have been allocated and the new students will start in September 2018. The remaining 1,000 places are subject to a competitive process “to ensure this increase in supply of doctors meets the needs of the NHS”. Universities wishing to acquire these places must fulfil the following criteria:

- the university curricula encourages more students to choose shortage specialties, such as general practice and psychiatry
- the university produces graduates in geographical areas where there are relatively fewer doctors
- the university uses innovative educational delivery models, and
- the new students will be from a wide socio-economic background to better reflect the population¹²

In March 2018 the [Government announced](#) that this expansion of medical training places would, in part, be achieved by the delivery of training through new medical schools located in traditionally under

⁸ [“NHS satisfaction sees sharp decline, with public opinion on GP services at lowest level since records began”](#), *The Independent*, 27 February 2018

⁹ *Ibid.*, p56

¹⁰ *Ibid.*, p56

¹¹ Department of Health & Social Care, [A mandate from the Government to Health Education England: April 2017 to March 2018](#), p11

¹² Health Education England, Public Health England, NHS England, NHS Improvement, [Facing the Facts, Shaping the Future: a draft health and care workforce strategy for England to 2027](#), December 2017, p36

doctored areas. Five new medical schools were confirmed as part of this:

- University of Sunderland
- Edge Hill University in Lancashire
- Anglia Ruskin University in Chelmsford
- Lincoln - The University of Nottingham in partnership with the University of Lincoln
- Canterbury - Joint medical school between Canterbury Christ Church University and the University of Kent

The Government's initial [consultation](#) said that new medical placements should be targeted on shortage professions, such as general practice and mental health, and that medical training should include increased exposure to training in these environments. The [Higher Education Funding Council](#) noted that programme was designed to address the following key Government priorities:

- to support geographic areas that have difficulty recruiting doctors
- to widen participation into medical training so that the future workforce better reflects the community it serves
- to meet demand for more doctors in both primary care and mental health
- to invest in innovation in delivery and new training models.

GP recruitment initiatives

The [General Practice Forward View](#) (GPFV) published in April 2016 by NHS England, committed to strengthening the general practice workforce. It set out investment of an extra £2.4 billion a year by 2020/21 to support and grow general practice services. As part of this, it included a Government commitment to increase the number of "doctors in general practice by a minimum of 5,000" by 2020.¹³ In order to meet this commitment, HEE has forecasted that it will train over 15,000 GPs between 2015 and 2020. The GPFV also committed to instituting a "major new international recruitment campaign to attract up to an extra 500 appropriately trained and qualified doctors from overseas".¹⁴

One initiative to help achieve the GPFV's objectives is the [Targeted Enhanced Recruitment Scheme](#), supported by NHS England, Health Education England, the British Medical Association, and the Royal College of General Practitioners to encourage recruitment in areas where this has historically been difficult. It began in 2016 and involves a £20,000 salary supplement to attract GPs to work in areas of the country where GP training places have been unfilled for a number of years.

¹³ "[Workforce](#)", NHS England website, accessed 26 March 2018

¹⁴ NHS England, [General Practice Forward View](#), April 2016, p16

HEE has identified a number of training places with the lowest fill rates, [most recently for applicants in August 2018](#). The locations are:

- HEE East Midlands - Lincolnshire (Boston & Lincoln), Sherwood Forest
- HEE East of England - Bury St Edmunds, Ipswich, Norfolk
- HEE North East - County Durham & North Yorkshire, North Cumbria
- HEE North West - Blackpool, Crewe, Lancaster, South Cumbria
- HEE South West - North Devon, Plymouth, Somerset, Swindon
- HEE Wessex - Isle of Wight
- HEE West Midlands - Hereford & Worcester, Staffordshire & Shropshire
- HEE Yorkshire & the Humber - Bassetlaw, Doncaster, Hull, Northern Lincolnshire (Scunthorpe & Grimsby), Scarborough¹⁵

In order to help achieve the GPFV's international recruitment commitments, in April 2017 NHS England introduced a new programme to increase international recruitment of GPs into "some of the most hard to recruit areas" in England. The aim currently is to recruit 2,000 overseas doctors over the next three years, a substantial increase from the GPFV's initial target of recruiting an extra 500 doctors internationally by 2020. Further details on what this involves can be found on the [International GP Recruitment Programme](#) webpage on the NHS England website.

On these targets, the BMA commented recently that it was positive that 138 more GPs entered GP training in 2017 than the previous year. It noted, however, that increasing the number of GPs by 5,000 by 2020 was "increasingly unlikely" and that

overall intake still falls short of HEE targets. The problem remains that current GPs are choosing to work less or retire completely due to workload pressures. The failure of workforce numbers to increase in line with demand means that workload keeps increasing.¹⁶

This was a concern also highlighted in the report published by the Commons Public Accounts Committee which resulted from its inquiry on [Access to General Practice](#).¹⁷

GP retention initiatives

There are particular initiatives aimed mainly at retention which are set out in the abovementioned [GPFV](#), which committed attracting and retaining "at least an extra 500 GPs back into English general practice".¹⁸

¹⁵ "[Targeted Enhanced Recruitment Scheme in England](#)", GP recruitment HEE website, accessed 26 March 2018

¹⁶ BMA briefing, [GP recruitment and retention](#), March 2018

¹⁷ Commons Public Accounts Committee, [Access to General Practice: Progress Review](#), HC 892, 27 April 2017, paras 18-21

¹⁸ NHS England, [General Practice Forward View](#), April 2016, p16

One such example is the [GP Career Plus scheme](#) which is a programme being trialled in 10 sites across the country. It aims to support the retention of experienced doctors by allowing them to continue working without the responsibilities of a partnership. It is being piloted with 80 GPs and aims to retain on a full-time basis those who might otherwise consider retirement. The programme allows those GPs to focus on treating specific conditions, providing cover to practices who suffer GP shortages or specialising in the care of specific conditions.

In 2016, NHS England launched the [Retained Doctors Scheme](#), now replaced by the [GP Retention Scheme](#), which is targeted specifically at GPs who may be considering leaving the profession for a variety of reasons, such as personal (caring responsibilities or illness), being near retirement age, or requiring greater flexibility. The scheme was designed to allow these GP partners to move into a salaried post in another practice and provides financial and educational support. [NHS England's guidance](#) describes the type of service the GP can then provide:

The RGP contract is between 1- 4 sessions – a session is 4 hours 10 minutes (37.5 hrs / 9 sessions). The number of sessions can be annualised with the expectation that the RGP works a minimum of 30 weeks out of the 52. This will include annual leave, statutory holidays and personal development time. The pattern of sessions worked will be reviewed with the RGP each year through their annual review associated with the scheme.¹⁹

Other retention initiatives include:

- The [Time to Care programme](#), supported by £30 million. This aims to help practices reduce their workload and free up GP time by reducing the number of GP appointments that are “potentially avoidable”. In October 2017, Health Secretary Jeremy Hunt said in a speech to the Royal College of General Practitioners (RCGP) that, following pilots in 20 CCGs, the high impact actions promoted by this programme had resulted in signposting avoidable appointments by up to 15%; and up to 10% of appointments diverted to pharmacists. Similarly, online consultations had resolved “60-80% of appointments.” Mr Hunt claimed this had released “45 to 60 minutes per GP per day”, and the programme is now being rolled out nationally.²⁰
- In September 2017, the [Government announced](#) that NHS England would ensure that every patient in England would be able to use an app to access their medical records and book a GP appointment by the end of 2018. In his abovementioned speech to the RCGP in October that year, Mr Hunt argued that this would “help reduce admin workload pressures”.

¹⁹ RCGP, BMA, NHS England, [GP Retention Scheme Guidance](#), 1 April 2017, updated 1 March 2018

²⁰ [“Jeremy Hunt’s speech to the RCGP Conference”](#), *Pulse*, 12 October 2017

- In October 2017, [Mr Hunt announced](#) that the Government planned to introduce a state-backed indemnity scheme for General Practice, and that it would be expected to start in April 2019. The ambition, he said, would be to “deliver a more stable and more affordable system for GPs and their patients” and to “provide financially sustainable cover for future, and potentially historic, claims”.²¹ For more information on the costs of GP indemnity in England, see [this Commons Library debate pack briefing](#) from March 2017.
- In order to “free up GP time”, the [GPFV](#) committed the Government to an investment of £45 million for every practice “to support the training of current reception and clerical staff to play a greater role in navigation of patients and handling clinical paperwork”.²²
- A new [NHS GP Health Service](#), which was launched on 30 January 2017 to support doctors suffering from mental ill-health and addiction. It is a free and confidential service available in the 13 NHS England local team areas across England.
- Health Education England also oversees the [GP Induction and Refresher](#) scheme, which was launched in March 2015, and which supports GPs who wish to return to practice having taken career breaks or spent lengthy periods working abroad. As of 8 March 2018 there were 260 doctors currently on this programme, with 106 having completed it and now returned to working in general practice.²³

²¹ [HCWS 159](#) [General Practice Indemnity: Development of a state backed scheme], 12 October 2017

²² NHS England, [General Practice Forward View](#), April 2016, p17

²³ [PQ 131337](#) [on General Practitioners: Labour Turnover], 12 March 2018

2. Parliamentary material

2.1 Written Parliamentary Questions

- [General Practitioners: Foreign Nationals](#)

Asked by: Ashworth, Jonathan | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what progress has been made on the pledge by NHS England in July 2017 to hire 2000 extra GPs from abroad.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

A small number of pilot areas started recruitment in 2017. The next stage of the recruitment programme is on track to start at the end of 2017/18 as planned, with the aim of recruiting 600 doctors by the end of March 2019 and the remainder of the 2,000 by the end of March 2020. The plan is to recruit suitably qualified overseas doctors into English general practice. This will be carried out in a phased approach with recruitment initially focussing on the European Economic Area where doctors' qualifications are automatically recognised by the General Medical Council.

26 Mar 2018 | Written questions | Answered | House of Commons | 133524

Date tabled: 20 Mar 2018 | **Date for answer:** 26 Mar 2018 | **Date answered:** 26 Mar 2018

- [General Practitioners: Labour Turnover](#)

Asked by: Knight, Sir Greg | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of trends in the number of general practitioners taking early retirement; and what steps his Department is taking to increase the size of the general practitioner workforce.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

The Department's assessment is that the trend for general practitioners (GPs) taking early retirement has increased over recent years as set out in the table below.

Pension Year (1 April to 31 March)	Number of GPs taking Voluntary Early Retirement (VER)	Approximate Average Age of GP taking VER	Total Number of GPs claiming Pension	% VER
2011/12	513	57 years	1,545	33
2012/13	591	57 years	1,406	42

2013/14	746	56 years and 11 months	1,503	50
2014/15	738	57 years	1,434	51
2015/16	677	57 years	1,254	54
2016/17	721	57 years	1,164	62

In April 2016, the General Practice Forward View¹ made the commitment to grow the GP workforce by 5,000 full time equivalent doctors in general practice compared to 2015.

A number of steps are being taken to increase the size of the general practitioner workforce. Health Education England has increased the number of GP training places to 3,250 each year with 3,157 starting in 2017, the highest number ever.

NHS England is accelerating its international recruitment programme, following successful regional pilots. It aims to recruit at least 2,000 GPs from overseas over the next three years.

NHS England has launched the GP Career Plus Scheme, to test a range of ways to offer flexibility and support to experienced GPs at risk of leaving general practice. This is in addition to the new GP Retention Scheme which offers funding to support doctors who can only work a limited number of sessions in general practice.

NHS England has also improved the GP Induction and Refresher Scheme to make it easier and quicker for qualified doctors to return to general practice. 260 doctors are currently on the programme and 106 have completed it and are working in practice.

Notes:

[1https://www.england.nhs.uk/gp/gpfv/](https://www.england.nhs.uk/gp/gpfv/)

12 Mar 2018 | Written questions | Answered | House of Commons | 131337

Date tabled: 06 Mar 2018 | **Date for answer:** 12 Mar 2018 | **Date answered:** 12 Mar 2018

- [Doctors: Pensions](#)

Asked by: Cowan, Ronnie | **Party:** Scottish National Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the potential merits of removing or reducing the NHS pension annual allowance or increasing its limits to improve the retention of experienced senior hospital doctors and GPs.

Answering member: Stephen Barclay | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Experienced senior hospital doctors and general practitioners who decide to become members of the NHS Pension Scheme (NHSPS) benefit from one of the best available defined benefit occupational pension schemes giving them a very good retirement income. Work

done by the Government Actuary's Department has concluded that the NHSPS remains good value and the "scheme pays" facility offers an efficient mechanism for meeting any tax liabilities.¹

The annual and lifetime allowances are important fiscal measures to ensure income tax relief on pension contributions is fair and sustainable. In context of the 1995 final salary section of the NHS Pension Scheme, clinicians who use up the full £40,000 annual allowance would see their annual pension increase by around £2,500. Clinicians who reach the £1 million lifetime allowance limit can expect an annual pension of around £44,000 payable at age 60 and increasing with inflation, plus a tax free lump sum of £132,000. Pensions of this size provide substantial financial security in retirement.

Note:

¹This work considered the length of time a member subject to the annual allowance would need to receive pension in retirement to recover both their own contributions to the NHSPS and the annual allowance tax charge for the year in question. Although the exact period depends on a number of factors including level of pay, section of membership, age at retirement, amount of tax free cash selected at retirement and the means of paying the AA tax charge (scheme pays or in cash) in most cases the period is less than half the expected life expectancy in retirement.

27 Feb 2018 | Written questions | Answered | House of Commons | 128268

Date tabled: 19 Feb 2018 | **Date for answer:** 21 Feb 2018 | **Date answered:** 27 Feb 2018

- [General Practitioners: Lincolnshire](#)

Asked by: Leigh, Sir Edward | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to attract GPs to work in Lincolnshire.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

We recognise the acute shortages in general practice, particularly in Lincolnshire. However, we are advised that there has been recent successful international recruitment, with 26 international general practitioners (GPs) now working in the county. Health Education England has offered 85 £20,000 salary supplements in the past two years to GP trainees who have committed to spend their three year specialty training in Lincolnshire. This year, for the first time, Lincolnshire has filled all of its GP trainee positions.

06 Feb 2018 | Written questions | Answered | House of Commons | 903794

Date tabled: 05 Feb 2018 | **Date for answer:** 06 Feb 2018 | **Date answered:** 06 Feb 2018

- [General Practitioners: Training](#)

Asked by: Lord Hunt of Kings Heath | **Party:** Labour Party

To ask Her Majesty's Government whether they intend to increase levels of funding for GP student placements.

Answering member: Lord O'Shaughnessy | **Party:** Conservative Party | **Department:** Department of Health

The Department sets the tariff for placements and as set out in the draft workforce strategy, *Facing the Facts, Shaping the Future – A draft health and care workforce strategy for England to 2027*, Health Education England (HEE) will advise ministers in spring 2018 on their assessment of options for reforming undergraduate and postgraduate tariffs to better support clinical learning environments and a larger learner population; including primary care. A copy of *Facing the Facts, Shaping the Future* is attached.

HEE has implemented a range of improvements to increase the number of general practitioner (GP) training places to 3,250 each year. In 2017 3,157 new starters were recruited to training posts – this is the highest number of GP trainees ever.

NHS England, HEE, the British Medical Association and Royal College of General Practitioners have been working together to increase the number of medical students choosing to enter specialty GP training.

21 Dec 2017 | Written questions | Answered | House of Lords | HL4270

Date tabled: 18 Dec 2017 | **Date for answer:** 04 Jan 2018 | **Date answered:** 21 Dec 2017

- [General Practitioners: Training](#)

Asked by: Drew, Dr David | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, whether he plans to provide incentives to medical students to enter general practice.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

Health Education England (HEE) has implemented a range of improvements to increase the number of general practitioner (GP) training places to 3,250 each year. In 2017 3,157 new starters were recruited to training posts – this is the highest number of GP trainees ever.

NHS England, HEE, the British Medical Association and the Royal College of General Practitioners have been working together to increase the number of medical students choosing to enter specialty GP training.

NHS England is funding a £20,000 salary supplement (Targeted Enhanced Recruitment Scheme) to attract GP trainees to work in areas

of the country where GP training places have been unfilled for a number of years. In 2018 up to 200 places will be offered.

The scheme is open to GP trainees committed to working for three years in areas identified by the GP National Recruitment Office as having the hardest to recruit to training places in England. GP training directors identified those areas which had the lowest fill rates consistently over the last four years.

19 Dec 2017 | Written questions | Answered | House of Commons | 118456

Date tabled: 11 Dec 2017 | **Date for answer:** 13 Dec 2017 | **Date answered:** 19 Dec 2017

- [General Practitioners](#)

Asked by: Fallon, Sir Michael | **Party:** Conservative Party

To ask the Secretary of State for Health, what steps he is taking to support GP services in (a) Sevenoaks and (b) England.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

It is the responsibility of local commissioners, overseen by NHS England, to ensure that general practitioner (GP) services meet the needs of local people.

In line with its strategic vision, Mapping the Future, that was approved by West Kent Clinical Commissioning Group (CCG) in July 2017 a Local Care Plan that describes the model of GP care, the infrastructure required and what will change for local people was published.

In this local care model, the system is organised at four different levels – general practice, cluster, local care hubs and west Kent-wide services. There are seven ‘clusters’ of general practices in West Kent. The cluster model is being implemented in three phases across the seven clusters. The Sevenoaks cluster lead GP, Dr Vicky O’Neill, is leading the development of a bid on behalf of local practices to secure GP Five-Year Forward View funding to help ensure that local GP care is sustainable.

Several practices in Sevenoaks are finalising practice premises development plans to allow them to expand their services. The Sevenoaks cluster is also working to prepare for delivering the enhanced access requirements for general practice and West Kent CCG expects the cluster to be compliant by the target date of March 2019.

In April 2016, the General Practice Forward View set out a package of investment in English general practice. This included a number of reforms which will support general practice through increased investment in general practice, recruitment and retention of GPs and the wider workforce, and investment in extended access to GP services.

By 2020 the Government has committed to supporting general practice by incrementally increasing investment up to £12 billion (an additional £2.4 billion compared to 2015/16); an additional 5,000 GPs and 5,000 other staff working in general practice; and by March 2019 everyone having access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand.

15 Dec 2017 | Written questions | Answered | House of Commons | 118347

Date tabled: 08 Dec 2017 | **Date for answer:** 12 Dec 2017 | **Date answered:** 15 Dec 2017

- [General Practitioners: Pay](#)

Asked by: Dodds, Anneliese | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what assessment has been made of the potential effect of the differential pay for GPs working in standard general practices, out-of-hours services, or seven-day-access services on recruitment and staffing levels; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

Doctors employed by general practitioner (GP) practices will carry out a variety of different duties depending on the needs of the service locally. We know practices will want to develop a local employment offer which best attracts and retains the staff they need to deliver care and advice to patients. GPs also need to recruit, retain and motivate staff in an affordable way.

However, GP practices are required to employ doctors on terms no less favourable than those agreed with the General Practitioners' Committee of the British Medical Association and contained in the document entitled "Model terms and conditions of service for a salaried practitioner employed by a GMS practice".

We continue to explore workforce issues in general practice with relevant stakeholders.

23 Nov 2017 | Written questions | Answered | House of Commons | 113506

Date tabled: 16 Nov 2017 | **Date for answer:** 20 Nov 2017 | **Date answered:** 23 Nov 2017

- [General Practitioners](#)

Asked by: Madders, Justin | **Party:** Labour Party

To ask the Secretary of State for Health, pursuant to the Answer of 10 November 2017 to Question 111200, on general practitioners, if he will provide the number of general practitioners for 2015, 2016 and 2017 with locums not included.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

The requested information is shown in the table below. The figures do not include locums.

There are more than 3,000 general practitioners (GPs) in training and 500 new medical school places will be available in 2018, with a further 1,000 in 2019. NHS England also plans to recruit an extra 2,000 overseas doctors over the next three years.

We have also outlined more flexible working options so we can retain the expertise of more experienced GPs within primary care.

Year	All GPs (excluding locums) headcount
2017	39,266
2016	40,490
2015	40,648

Data as at 30 September each year except for 2017 which is at 30 June 2017.

Source: NHS Digital

21 Nov 2017 | Written questions | Answered | House of Commons | 112727

Date tabled: 13 Nov 2017 | **Date for answer:** 15 Nov 2017 | **Date answered:** 21 Nov 2017

- [General Practitioners: Enfield](#)

Asked by: Ryan, Joan | **Party:** Labour Party

To ask the Secretary of State for Health, what steps he is taking to increase the number of GPs in Enfield; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

NHS England, Health Education England (HEE) and the Department have been working together to increase the general practitioner (GP) workforce and support recruitment in areas where this has been identified as a challenge. The General Practice Forward View, published in April 2016, set out investment of an extra £2.4 billion a year by 2020/21 to support and grow general practice services.

At the Royal College of General Practitioners conference on 12 October 2017, my Rt. hon. Friend the Secretary of State for Health announced the extension of the Targeted Enhanced Recruitment Scheme which funds a £20,000 salary supplement to attract GP trainees to work in areas of the country where GP training places have been unfilled for a number of years. HEE are currently deciding the allocation of up to a further 200 training places for 2018.

In addition to the national campaigns to increase the number of GPs, Enfield Clinical Commissioning Group is undertaking specific work to

increase GP numbers within their area by working with NHS London and North Central London recruitment initiatives and continuing with its well established Vocational Training Scheme to train GPs locally and retain them in local practices.

18 Oct 2017 | Written questions | Answered | House of Commons | 107023

Date tabled: 10 Oct 2017 | **Date for answer:** 12 Oct 2017 | **Date answered:** 18 Oct 2017

- [General Practitioners](#)

Asked by: Lucas, Caroline | **Party:** Green Party

To ask the Secretary of State for Health, what recent assessment he has made of the GP to patient ratio for (a) Brighton and Hove Clinical Commissioning Group, (b) other clinical commissioning groups and (c) the UK; what recent assessment he has made of the safe ratio of patients to doctors in GP practices; what steps he is taking to increase the number of GPs in Brighton and Hove; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

NHS England and the Department have not sought to make a recommendation about the safe ratio of patients to doctors in general practice as the appropriate ratio is determined by local population demands.

NHS England and Health Education England are working together with the profession to increase the general practitioner (GP) workforce by an additional 5,000 doctors in general practice by 2020. This includes measures to boost recruitment into general practice, address the reasons why GPs are leaving the profession, and encourage GPs to return to practice.

The table below shows patient numbers per headcount GP and headcount GPs per 100,000 population for Brighton and Hove Clinical Commissioning Group, NHS England South East, South of England and England.

Area	Patient numbers per headcount GP	Headcount GPs per 100,000 population
Brighton and Hove Clinical Commissioning Group	1,809	61.0
NHS England South East	1,527	68.4
South of England	1,380	75.9
England	1,391	76.5

13 Oct 2017 | Written questions | Answered | House of Commons | 106089

Date tabled: 06 Oct 2017 | **Date for answer:** 10 Oct 2017 | **Date answered:** 13 Oct 2017

- [General Practitioners: Recruitment](#)

Asked by: Siddiq, Tulip | **Party:** Labour Party

To ask the Secretary of State for Health, how many general practice speciality training posts were (a) commissioned and (b) filled in (i) 2014-15, (ii) 2015-16 and (iii) 2016-17.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

Health Education England publish information on the number of general practice training places commissioned and filled.

Information on the number of general practice training places commissioned and filled for the last three years can be found here:

2016:

<https://gprecruitment.hee.nhs.uk/Portals/8/Documents/Annual%20Reports/GP%20ST1%20Recruitment%20Figures%202016.pdf?ver=2016-10-20-125603-367>

2015:

<https://gprecruitment.hee.nhs.uk/Portals/8/Documents/Annual%20Reports/GP%20ST1%20Recruitment%20Figures%202015.pdf?ver=2015-12-18-140824-470>

2014:

<https://gprecruitment.hee.nhs.uk/Portals/8/Documents/Annual%20Reports/GP%20ST1%20Recruitment%20Figures%202014.pdf?ver=2015-12-18-140824-470>

12 Oct 2017 | Written questions | Answered | House of Commons | 105854

Date tabled: 06 Oct 2017 | **Date for answer:** 10 Oct 2017 | **Date answered:** 12 Oct 2017

- [General Practitioners: Migrant Workers](#)

Asked by: Madders, Justin | **Party:** Labour Party

To ask the Secretary of State for Health, what his future plans are for the recruitment of GPs from overseas.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

NHS England aims to recruit at least 2,000 doctors into general practice by 2020/21. This compares to an initial target of 500 doctors over the same period of time.

In order to meet this target, NHS England is expanding its current recruitment programme of doctors from the European Economic Area

(EEA) whose general practitioner (GP) training is recognised in the United Kingdom under European law and who already get automatic recognition to join the General Medical Council's (GMC) GP register.

NHS England is also establishing a Framework Agreement of International Recruitment Providers, to identify potential overseas doctors and support them through the recruitment process, and a GP international recruitment office to run the recruitment operation.

Finally, the Royal College of General Practitioners is working with the GMC to review the curriculum, training and assessment processes for GPs trained outside the EEA, starting with Australia, to identify whether the GP registration process can be streamlined for those doctors whose training is seen as equivalent to the UK GP programme.

18 Sep 2017 | Written questions | Answered | House of Commons | 10228

Date tabled: 12 Sep 2017 | **Date for answer:** 14 Sep 2017 | **Date answered:** 18 Sep 2017

2.2 Oral Parliamentary Questions

- [General Practitioners: Workforce](#)

Asked by: Lord Turnberg (Lab) | **Party:** Labour Party

My Lords, one of the reasons why general practice is less attractive than it used to be is because of the enormous bureaucratic load that is placed on GPs nowadays. They have to sit on committees and on CCGs, and they rush around doing non-clinical work. Is there any way to reduce this non-clinical workload?

Answered by: Lord O'Shaughnessy | **Party:** Conservative Party

That is an important issue. We know that workload is a problem. I point the noble Lord and other noble Lords to NHS England's 10 high-impact actions. These are actions which all GP surgeries can take; for instance, using technology such as e-booking and e-prescribing to reduce the kind of workload he is talking about.

05 Mar 2018 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 789 c827

Date answered: 05 Mar 2018

- [GP Services](#)

Asked by: Royston Smith | **Party:** Conservative Party

Like many other places throughout the country, Southampton is struggling to recruit and retain GPs. There are many reasons for that, but perhaps one is the practice of discouraging medical students from going into general practice while encouraging them to become specialist consultants. Is my hon. Friend aware of that and of how

widespread is it? What is he doing to encourage more people into general practice?

Answered by: Steve Brine | **Party:** Conservative Party | **Department:** Health and Social Care

The Secretary of State has already outlined the plans for the new medical schools and the record 3,157 GP training places that were filled. I am aware of the practice that my hon. Friend mentions, and that is why we are working with the profession on a range of measures to boost recruitment into general practice. The existing professionals also have a role to play, and the superb chair of the Royal College of General Practitioners, Helen Stokes-Lampard, is really leading from the front in that respect.

20 Mar 2018 | Oral questions - 1st Supplementary | Answered | House of Commons | House of Commons chamber | 638 c154

Date answered: 20 Mar 2018

- [General Practitioners: Workforce](#)

Asked by: Baroness Redfern (Con) | **Party:** Conservative Party

My Lords, regarding the workforce, having pharmacists in GP practices means that GPs can focus their skills where they are most needed: diagnosing and treating patients with more complex needs. Does the Minister agree that this not only helps GPs manage demands on their time but helps to ease their workload, while patients have the convenience of being seen by the right professional, improving quality of care and ensuring patient safety?

Answered by: Lord O'Shaughnessy | **Party:** Conservative Party

My noble friend is absolutely right. As well as our commitment to increase the number of GPs by 5,000, we also have a commitment to increase the number of GP practice staff by 5,000, including 1,500 pharmacists, who provide exactly the kind of support she outlined.

05 Mar 2018 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 789 c827

Date answered: 05 Mar 2018

- [General Practitioners: Workforce](#)

Asked by: Lord Carlile of Berriew (CB) | **Party:** Crossbench

Is the Minister aware of the increasing number of inner-city general practices where the entire GP workforce consists of locum doctors because of recruitment problems? Does he agree that that is an expensive way to provide GPs, and one which diminishes the doctor-patient relationship?

Answered by: Lord O'Shaughnessy | **Party:** Conservative Party

I agree with the noble Lord: we need to crack down on agency and locum spend. That has been falling in recent years. The way we will fix this issue and the demand for general practice in a

sustained way is to increase the number of GPs coming into the service, and, as I said, that is exactly what we are doing.

05 Mar 2018 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 789 c826

Date answered: 05 Mar 2018

- [General Practitioners: Workforce](#)

Asked by: Baroness Jolly (LD) | **Party:** Liberal Democrats

My Lords, there should be a move to recruit newly-qualified doctors to general practice and to prevent GPs retiring earlier and earlier, but that is not as easy as it sounds. Can the Minister therefore tell the House what work has been done to enable job-sharing, so that part-time GPs balancing a family life can partner with older GPs who want a less full-time commitment?

Answered by: Lord O'Shaughnessy | **Party:** Conservative Party

I shall have to write to the noble Baroness with the specifics on GP flexibility. However, one of the reasons that GPs take early retirement to take advantage of their pension is that it enables them to work flexibly afterwards.

05 Mar 2018 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 789 c827

Date answered: 05 Mar 2018

- [General Practitioners: Workforce](#)

Asked by: Baroness Thornton (Lab) | **Party:** Labour Party

My Lords, I declare an interest as a lay member of a CCG. GPs are indeed retiring before the age of 60; in fact, last year, twice as many retired as three years ago. More GPs are leaving the profession than are joining it, and soaring numbers of junior doctors are leaving the NHS after their two-year foundation training. How do the Government intend to fill the failing pipeline of junior doctors, and would the Minister care to speculate why there is a flood of departing junior doctors right now? Could it be due to junior doctors' rock-bottom level of morale after their shabby treatment by the Secretary of State?

Answered by: Lord O'Shaughnessy | **Party:** Conservative Party

The noble Baroness might be interested to note that in 2014, the number of GPs in specialty training was 2,671, and in 2017, it was 3,157—an increase of nearly 400. That is how we are filling the places.

05 Mar 2018 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 789 c826

Date answered: 05 Mar 2018

- [General Practitioners: Workforce](#)

Asked by: Baroness McIntosh of Pickering | **Party:** Conservative Party

My Lords, we appear to be in a vicious cycle of doctors retiring early and then coming back and working part-time and fewer EU doctors coming to work here. What can my noble friend do to increase the number of doctors wishing to enter GP practice as opposed to other specialties, and what will the certification procedure be for EU doctors to be recognised as doctors to practise post Brexit in this country?

Answered by: Lord O'Shaughnessy | **Party:** Conservative Party

I thank my noble friend for her question. It is interesting to note, looking at the figures, that the total number of retirees from general practice has been falling in recent years, which is very welcome, even though in the past few years there has been an increase in the number taking early retirement. As for entering general practice, that is how we need to get more GPs. The number of training places has increased to a record 3,250, which is an 18% increase over the past three years. Finally, on certification, mutual recognition of professional qualifications is of course a matter for negotiation as part of our future relationship with the EU. However, I can tell my noble friend that the Government are committed, under whatever circumstances, to recruit 2,000 international GPs in the coming years.

05 Mar 2018 | Oral questions - 1st Supplementary | Answered | House of Lords | House of Lords chamber | 789 c826

Date answered: 05 Mar 2018

- [GP Services](#)

Asked by: Royston Smith | **Party:** Conservative Party

Like many other places throughout the country, Southampton is struggling to recruit and retain GPs. There are many reasons for that, but perhaps one is the practice of discouraging medical students from going into general practice while encouraging them to become specialist consultants. Is my hon. Friend aware of that and of how widespread is it? What is he doing to encourage more people into general practice?

Answered by: Steve Brine | **Party:** Conservative Party | **Department:** Health and Social Care

The Secretary of State has already outlined the plans for the new medical schools and the record 3,157 GP training places that were filled. I am aware of the practice that my hon. Friend mentions, and that is why we are working with the profession on a range of measures to boost recruitment into general practice. The existing professionals also have a role to play, and the superb chair of the Royal College of General

Practitioners, Helen Stokes-Lampard, is really leading from the front in that respect.

20 Mar 2018 | Oral questions - 1st Supplementary | Answered | House of Commons | House of Commons chamber | 638 c154

Date answered: 20 Mar 2018

- [General Practitioners: Workforce](#)

Asked by: Lord Forsyth of Drumlean (Con) | **Party:** Conservative Party

My Lords, does my noble friend not acknowledge that one reason that GPs are retiring after the age of 55 is that their salaries are such that their pension exceeds the limit, which the previous Chancellor reduced from £1.8 million to £1 million, and they find themselves having to pay tax on their pension contributions at 55%? Would not the simple solution be to raise the threshold, thereby allowing GPs to continue in practice and not be taxed on their pension contributions unfairly?

Answered by: Lord O'Shaughnessy | **Party:** Conservative Party

My noble friend is quite right—there has been anecdotal evidence that that is the case. Of course, any policy changes are well above my pay grade, but I should point out that that does not seem to have affected early retirement among dentists and consultants, so it is possible that another critical factor is at work.

05 Mar 2018 | Oral questions - Supplementary | Answered | House of Lords | House of Lords chamber | 789 c827

Date answered: 05 Mar 2018

- [Engagements](#)

Asked by: Jeremy Corbyn | **Party:** Labour Party

A&E waiting time targets have not been met for two and a half years. Cancer treatment targets have not been met for two years. Our A&E departments are bursting at the seams because the Government have failed to ensure that people can get a GP appointment when they need one. The Government promised to recruit an extra 5,000 GPs by 2020. Where are they?

Answered by: The Prime Minister | **Party:** Conservative Party | **Department:** Prime Minister

We are seeing more training places for our GPs. The right hon. Gentleman talks about A&E, and if he wants to look at targets, let us talk about what has happened in Wales. The standard on A&E in Wales was last met in 2008. Let me just think: which party is in government in Wales? Is it the Conservatives? No, it is the Labour party. On cancer care, the standard was last met in June 2008 in Wales.

The right hon. Gentleman should look at what the Labour party is actually delivering before he comes to this House and complains.

20 Dec 2017 | Prime Minister's questions - Supplementary | Answered | House of Commons | House of Commons chamber | 633 c1055

Date answered: 20 Dec 2017

- [Topical Questions](#)

Asked by: Mr Whittingdale | **Party:** Conservative Party

Is my right hon. Friend aware that, due to the difficulties in recruiting general practitioners, neither of the two GP surgeries in Maldon are taking on any new patients, despite the significant development taking place in the town? May I therefore welcome the 1,500 extra medical training places that the Government

have funded, and ask for his support for some of those to go to the excellent Anglia Ruskin medical school in Chelmsford?

Answered by: Mr Hunt | **Party:** Conservative Party | **Department:** Health

I have a great deal of sympathy with what my right hon. Friend says, and he is right that the recruitment and retention of GPs is a big issue. I have a constituency interest, in that I have a university that is also very keen to host more medical school places, so I am recusing myself from the decision. However, I wish all universities good luck, because this is a historic expansion of medical school places for the NHS.

19 Dec 2017 | Topical questions - 1st Supplementary | Answered | House of Commons | House of Commons chamber | 633 c907

Date answered: 19 Dec 2017

- [GP Services](#)

Asked by: Mrs Maria Miller (Basingstoke) (Con) | **Party:** Conservative Party

I very much welcome the additional funding this Government have put into the NHS, but constituents tell me that they can better manage chronic conditions and illnesses if they have consistent care from general practitioners, which is something they find difficult to access in some surgeries in my constituency because of problems with recruitment and retention. What is the Secretary of State doing with his team to make sure we can lessen that problem in future?

Answered by: Mr Hunt | **Party:** Conservative Party | **Department:** Health

I totally agree with my right hon. Friend. One of the best things about the NHS is that people have a GP who knows them and their family. There is a lot of evidence that that is the best way to manage people with long-term conditions, as she rightly says. The truth is that, for a very long time, successive Governments have not invested as much as they should in general practice. We are trying to put that right, and part of that is flying the flag for what an exciting career general practice is. It is the one part of medicine where doctors have an ongoing relationship with patients and their families over their whole lives, which is very motivating.

26 Number CDP-2018-0080, 27 March 2018

19 Dec 2017 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 633 c894

Date answered: 19 Dec 2017

3. Press articles

[Half of Scotland's restricted patient GP surgeries are in Lothians](#)

The Scotsman, 18 March 2018

[Report on restricted patient lists in certain GP surgeries in Scotland]

[GPs told to see 35 patients a day then turn away the rest to avoid 'unsafe' levels of overwork in a plan branded 'dangerously crude' by patients' groups](#)

Daily Mail, 7 March 2018

[Quarter of Scottish GP surgeries short of doctors](#)

The Times, 7 March 2018

[NHS satisfaction sees sharp decline, with public opinion on GP services at lowest level since records began](#)

The Independent, 27 February 2018

[A report on the British Social Attitudes survey showing that 65% of respondents are happy with GP services]

[Doctors prescribe changes to patient care](#)

BBC News, 27 February 2018

[Report on the new GP contract agreed in Scotland]

[Jeremy Hunt's GP recruitment pledge in tatters as 1,000 full-time NHS doctors quit last year](#)

The Independent, 21 November 2017

[Jeremy Hunt accused of 'astonishing failure' after GP numbers fall by 1,190](#)

The Guardian, 21 November 2017

[New Scottish GP recruitment plans to cut workload](#)

BBC News, 13 November 2017

[Report on the Scottish Government's plans to recruit into general practice]

[GP recruitment in Scotland 'close to impossible'](#)

The Scotsman, 9 November 2017

[Jeremy Hunt to pledge £20,000 'golden hello' for rural GPs](#)

BBC News, 12 October 2017

[Report on the Targeted Enhanced Recruitment Scheme]

[GP recruitment: More junior doctors choosing Wales](#)

BBC News, 13 June 2017

[GP recruitment crisis intensifies as vacancies soar to 12.2%](#)

The Guardian, 12 May 2017

[Report on a survey by *Pulse* which suggested that GP vacancies were at record levels]

[Almost half of GPs plan to quit NHS due to 'perilously' low morale, survey suggests](#)

The Independent, 11 April 2017

4. Press notices

[Dr Farah Jameel: GPs need to put patients first by dropping unfunded work](#)

GP Online, 26 March 2018

[Offers aimed at boosting workforce numbers fail to impress GPs](#)

Pulse, 22 March 2018

[A report about new measures for GPs in Wales]

[BMA and DHSC agree new £256m deal for GP contracts](#)

National Health Executive, 20 March 2018

[Welsh government unveils near £12m GP contract uplift for 2018/19](#)

GP Online, 19 March 2018

[Scottish GPs working longer hours as full-time workforce falls](#)

GP Online, 6 March 2018

[Health education bosses launch second-chance scheme for failed GP trainees](#)

Pulse, 5 March 2018

[A report that GP trainees who have left training will be given another chance under a HEE scheme]

[BMA suggests workload limits for GPs and unveils 'black alert' system](#)

GP Online, 5 March 2018

[Final verdict on 6% GP funding boost 'could be delayed until the summer'](#)

Pulse, 2 March 2018

[Many trainee doctors take time-out for health concerns, shows BMA survey](#)

Pulse, 2 March 2018

[Record GP recruitment in 2017 'not enough to reverse crisis'](#)

GP Online, 17 November 2017

[Recruitment programme worth millions attracted just 18 GP trainees](#)

Pulse, 7 November 2017

[Report on the GP Recruitment and Retention Programme run by the Scottish Government]

[Exclusive: More Scottish GP training posts filled than at any time since 2010](#)

GP Online, 25 October 2017

[An overseas GP recruitment drive is not enough](#)

Pulse, 22 August 2017

[Opinion piece on the international recruitment initiative]

[GP trainee vacancies rise after first 2017 recruitment round](#)

GP Online, 28 July 2017

5. Further reading

5.1 Reports

- BMA briefing, [GP recruitment and retention](#), March 2018
- Commons Public Accounts Committee, [Access to General Practice: Progress Review](#), HC 892, 27 April 2017
- Full Fact, [Is the NHS recruiting enough new GPs?](#), December 2017
- The Health Foundation, [A sustainable workforce – the lifeblood of the NHS and social care](#), June 2017

5.2 Commons Library publications

- Commons Library briefing CBP-7783, [NHS staff from overseas: statistics](#), 7 February 2018
- Commons Library briefing CBP-7281, [NHS Key Statistics: England](#), January 2018

5.3 Lords Library publications

- Lord Library note LLN-2017-0087, [Impact of Fiscal Policies on Recruitment, Retention and Conditions of NHS Staff](#), 24 November 2017

5.4 Government/NHS publications

- NHS England, [General Practice Forward View](#), April 2016
- NHS England, [Five Year Forward View: Time to Deliver](#), June 2015
- NHS England, [Next Steps on the NHS Five Year Forward View](#), March 2017
- Health Education England, Public Health England, NHS England, NHS Improvement, [Facing the Facts, Shaping the Future: a draft health and care workforce strategy for England to 2027](#), December 2017

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