

Our ref: DE-1458302

Dear Councillor Hanna,

Thank you for your correspondence of 7 June to the Secretary of State for Health and Social Care regarding the challenges facing primary care. I have been asked to reply.

I appreciate your concerns on this matter.

General practice remains under tremendous pressure and is working incredibly hard to support their communities like many parts of the NHS. General practices are delivering 10% more appointments each month compared to before the pandemic, and the Government knows demand is growing. That is why on 9 May 2023 the Government published its Delivery plan for recovering access to primary care (the Primary Care Recovery Plan), which will support practices to make it easier and quicker for the public to get the help they need from primary care, as part of this plan, the Government is:

- **Cutting bureaucracy to free up GP time.** Commitment to cut bureaucracy to free up more time for practice teams to meet the clinical needs of their patients. The plan highlights how the Government will free up around £37,000 per practice by cutting back targets, improving communication between GPs and hospitals, and reducing the time GPs have to spend on work that non-GPs can do.
- **Introducing Pharmacy First.** Expanding the role of community pharmacy by investing £645 million for a new common conditions service to support patients with a greater choice in where they can receive care, which will also help reduce the pressure on general practices.

The Government remains committed to growing and diversifying the General Practice workforce, through the Additional Roles Reimbursement Scheme. Primary Care Networks and practices have recruited over 29,000 additional staff including pharmacists, physiotherapists, and social prescribing link workers, hitting the government's target to recruit 26,000 a year ahead of the March 2024 target.

These roles provide appointments and perform clinical and administrative tasks as part of the wider General Practice multi-disciplinary team.

NHS England has made available a number of recruitment and retention schemes to boost the general practice workforce. These include the GP Retention Scheme, the GP Retention Fund, the National GP Induction and Refresher Programme, the Locum Support Scheme, and the Supporting Mentors Scheme.

Last year, the highest ever number of doctors accepted a place on the GP training programme in England – a record 4,032 trainees, up from 2,671 in 2014. NHS England recently published the long- term workforce plan which includes projections for the number of doctors, including GPs, nurses and other professionals that will be needed. Under the plan, the number of GP training places will rise to 6,000 by

2031/32, with the first 500 new places available from September 2025.

The Government knows that more GPs are choosing to reduce their contracted hours or explore more varied roles. The People Plan commitment to flexible working applies to all NHS staff, including GPs, and the Government wants to support GPs to take up more flexible, varied roles and opportunities for different types of flexible working. This will support a more sustainable workforce

Capital funding is allocated on a regional basis using a weighted population approach that considers local populations growing annually. From 2022/23, a substantial proportion of primary care business as usual estates and GP IT capital is included within Integrated Care System (ICS) capital funding envelopes. This allows systems to take a more cohesive approach to capital across all organisations within that system.

Beyond the NHS capital allocation process, commissioners or GP Practices may be able to access funding from other sources, such as Section 106 or Community Infrastructure Levy (CIL) funding associated with specific major housing developments in their locality.

Section 106 (s106) is a payment by developers to mitigate local impacts of a scheme on infrastructure to make it acceptable in planning terms. The CIL is a levy on large developments to pay for infrastructure, based on a published tariff schedule.

The Government announced in the Primary Care Recovery Plan') that, as part of its wider review of the National Planning Policy Framework and planning guidance, it will consider how primary care infrastructure can better be supported. The Government will update guidance to encourage local planning authorities to engage with ICBs on large sites which may create need for extra primary care capacity.

A specific example of the action the Government is taking is with new housing developments. The Government knows there are challenges when new homes are built, and they put additional pressure on existing primary care capacity. It is going to change Local Authority planning guidance this year to raise the profile of primary care facilities when planners are considering how developer contributions and funds from new housing developments are allocated.

The Levelling Up and Regeneration Bill introduces a new Infrastructure Levy to support local infrastructure such as roads, schools and GP surgeries, and a requirement for local authorities to prepare an infrastructure delivery strategy to consider how this levy will be spent. Government is consulting on how ICBs, along with other infrastructure bodies, should be part of this improved planning process. The Infrastructure Levy is designed to increase certainty about what forms of infrastructure will be delivered alongside new development, reducing the scope for negotiation and delay experienced in the current system.

I hope this reply is helpful.

Yours sincerely,

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