The lowdown

Health news and analysis to inform and empower NHS staff and campaigners

Public health funding 'below 2015-16 levels'

With just two weeks to go until the end of the financial year, the government finally announced the Public Health grant allocation – how much money councils will have to spend on public health services over 2023/24.

The response from those working in public health – the councils and NHS bodies – can be summed up by that from Professor Jim McManus, President of the Association of Directors of Public Health (ADPH), "once again far too little, far too late."

The government is giving local authorities a 3.3% cash terms increase to their grants, with the total allocation in 2023/24 up to £3.529 billion. Inflation currently hovers around 10%. In addition, there will be time-limited investment up to 2025 of £516 million going to local authorities to improve drug and alcohol addiction treatment and £170 million to improve the Start for Life services available to families.

However, in the light of the fact that since 2015/16 spending on public health services has fallen by 26%, according to The Health Foundation, this increase does nothing to address the growing need. The Faculty of Public Health (FPH) stated that the allocation: "represents an inadequate investment in essential public health services at a time when populations across England are in desperate need of support to protect and improve their health."

The Health Foundation noted that: 'Even accounting for the extra £154m allocated for 2023/24 to improve drug and alcohol addiction treatment and recovery this leaves

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public health funding significantly below 2015-16 levels."

Lack of money has meant that services have been cut and this will continue, as Prof Jim McManus, President of the Association of Directors of Public Health (ADPH) President noted: "In order to provide public health measures that will equate to people living healthier, longer lives and reduce the burden on the NHS, we need to see a much larger increase to our budgets – today's increase is simply not enough to make up for the years of cuts."

Lack of warning making things worse

If the low level of grant wasn't bad enough, the delay in announcing it has led to difficulties for councils.

Back in early March over 30 leaders of public health, NHS bodies and health charities called on the Government to urgently publish next year's public health grant allocation.They noted that the Government's delay in publishing the Public Health Grant allocation for 2023/24 was "putting public health services at risk and adding unnecessary strain on an already pressured system."

Now Dr Layla McCay director of policy at the NHS Confederation noted: "Unfortunately, the late allocation of this year's grant has undermined the ability of local health leaders to make best use of it in the interests of the communities they serve."

The Health Foundation noted that the delay was a problem, but also that allocating time-limited funding also made planning difficult: 'Delaying the announcement until now has created uncertainty, making it difficult for local authorities to plan, and comes at a time of high cost pressures. Continuing with separate pots of time limited funding for specific issues, such as drugs and alcohol, or Start for Life Services, will do little to help the effective future delivery of services."

Once again, the importance of well-funded public health services has been overlooked, as it has been by successive Conservative governments, who have repeatedly cut funds, in particular in the most deprived areas of the country with the poorest health outcomes – in fact those areas that are most in need of and will benefit the most from public health services.

It comes as no surprise then that Britain has an issue with its workforce, with data showing an increase in working-age people not working due to ill health.

In late 2022, the Health Foundation published data on the increasing number of people aged 50-69 not working due to ill health, and noted that although the reason for this are complicated a major factor is that just as public health services have been the main driver of increasing the health of the population for more than one hundred years, their downgrading and underfunding over successive Conservative governments is now a major contributor to a reversal of all those years of progress and a reduction in the health and wellbeing of the nation.

The think-tank, The Resolution Foundation has just warned that Britain will end the decade with the lowest rates of workforce participation in almost 30 years, unless the government takes urgent action to reform childcare and help people with health conditions.

The Chancellor, Jeremy Hunt, however has said that the workforce issue is due to people retiring early and has said that getting early retirees off the golf course and back into work is what will boost the UK's workforce.

Official figures do not support his comments, however. The consultancy LCP, noted in a report published at the end of February, that based on an analysis of official data early retirement explains none of the increase in inactivity since the start of the pandemic. The report finds that the increase in economic inactivity is now 516,000, but the number in the 'retired' category has actually fallen.

Analysis of the figures by LCP led to the conclusion that the sharp rise in working-age adults that are neither in work nor looking for a job is likely to be due to people waiting for treatment on NHS waiting lists and those that live permanently with poor health.

LCP notes that the government is "barking up the wrong tree" by trying to get people in retirement back to work to fix chronic staff shortages.

In economic terms investment in public health services makes sense. The public health interventions put in place by local authorities are excellent value for money. Calculations by researchers at Cambridge University show that each additional year of good health achieved in the population by public health interventions costs £3,800, which is three to four times lower than the cost resulting from NHS interventions of £13,500.

The researchers note that investing in local public health programmes would generate longer and more healthy lives than equivalent spend in the NHS.

And the Health Foundation notes: "The government must focus on health as a national economic asset. For example, preventing people from falling into poor health could help reduce economic inactivity, increase workforce size, and boost the economy. Without appropriate long term investment, opportunities to prevent the early deterioration of health are already being missed.".

Sylvia Davidson

British GPs most stressed and dissatisfied in ten-country survey

New research from the Health Foundation adds strength to recent warnings from the BMA, the RCGP and individual GPs and Local Medical Committee chairs of a growing crisis in primary care.

The report Stressed and Overworked (drawing on the Commonwealth Fund's 2022 International Health Policy Survey of Primary Care Physicians in 10 Countries) finds that a majority of GPs in all countries are dealing with higher workloads than before the pandemic – and many have experienced greater stress and signs of emotional distress.

Over half the GPs in most countries believe the quality of care their patients receive throughout the health care system has got worse since the start of the pandemic.

But it finds that British GPs are the most stressed, with a massive 71% saying that their job is 'extremely' or 'very' stressful, compared with 60% in 2019, before the pandemic.

And UK GPs are also the least satisfied with practicing medicine, with less than a quarter (24%) saying they were 'extremely' or 'very' satisfied, down sharply from 39% in 2019.

UK GPs are less satisfied than the nearest comparators, France and Germany, and 27% of UK GPs say they are 'slightly' or 'not at all satisfied'.

The least satisfied

The Health Foundation sums up: "UK GPs are also among the least satisfied with practising medicine, work-life balance, workload, time spent with patients and other parts of their jobs. …

"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."

And 63% of UK GPs say they have experienced emotional distress such as anxiety, great sadness, anger or feelings of hopelessness since start of pandemic – highest of all countries alongside New Zealand.

The low satisfaction level is no doubt also linked to the conviction that GPs are able to give less satisfactory care to their patients: "Half of GPs in the UK think the quality of care they can provide to patients has got worse since the start of the pandemic – and only 14% think it has improved."

Part of the reason for poorer care to patients is more GP time soaked up by admin tasks and bureaucracy: more than 8 in 10 (83%) UK GPs said they were slightly or not at all satisfied with the amount of time they spend on administrative work, including 59% who are not at all satisfied.

Time-limited

The UK and Germany also have least time to consult with patients, averaging 10 minute appointments, while five other countries averaging 15 minutes, two countries 20 minutes and Sweden offers a generous 25 minutes.

However there are strengths: UK GPs are among the strongest performers in terms of using data to inform care, digital access, and in their preparedness to care for patients with chronic conditions, living with dementia, palliative care.

43% of GPs in the UK said they think the performance of the NHS is good or very good (down from with 60% in 2019), while 17% said the health service is poor or very poor (almost double the 9% in 2019).

The Health Foundation, presumably unaware of NHS England's imposition of a new controversial contract on GPs, recommends policymakers to "recognise the strengths of general practice in the UK, and work with the profession rather than against it.

The UK is the only country where GPs report doing a higher proportion of appointments by phone or video than in person, with the increase in telephone appointments a crucial component of the increased numbers of appointments delivered compared with pre-pandemic levels. The average GP in the UK reported conducting 40% of patient consultations in person, 55% by telephone and 5% by video.

The Health Foundation concludes its analysis by calling for more investment in the primary care sector: "Any long-term strategy for better supporting GPs should involve greater investment in wider public services that shape the health of their patients. Cross-government action is needed – for example, to improve living conditions and strengthen social security, alongside investment in the NHS and policies to improve care in more deprived areas."

Budget proves a frustration for the mental health sector

Leading voices across the mental health sector gave last week's 'back to work' Budget a 'requires improvement' rating, highlighting how government failure to address fundamental capacity and workforce issues risks undermining the new support announced by the chancellor.

Among the various 'shifting the dial' support initiatives announced in the Budget were an expansion of the existing individual placement and support (IPS) scheme – which supports people with severe mental health difficulties into employment.

Also announced were access to digital resources, a 'WorkWell' pilot scheme to combine employment and health support, support

for individuals returning to and remaining in work, and new consultations on widening access to occupational schemes offered by employers, all forming part of a £400m package for those unable to work due to mental health problems, but what impact will they have?

Reaction

One of the first groups to react to the Budget statement was the Royal College of Psychiatrists whose president, Dr Adrian James, said, "Unfortunately, these interventions will have a limited impact if people cannot get the mental health support they need when they need it.

"Last year, mental health referrals reached record levels of 4.6 million [but] there are just simply not enough psychiatrists to deal with this surge in demand. If the government is serious about improving productivity, it needs to publish the workforce plan – backed by adequate investment – as a matter of urgency."

James' stance is amply backed up by recent NHS workforce statistics also showing a shortage of mental health nurses, with more than 1000 fewer employed in hospitals, community and mental health services in England than there were in 2010.

And that's hardly 'stop the press' news – almost a year ago a review by Health Education England identified about 11,300 nursing vacancies at mental health trusts in England, leading review chair Baroness Watkins of Tavistock to warn that, if steps were not taken immediately, "There is a risk that this profession will be lost."

Mark Winstanley, chief executive of charity Rethink Mental Illness, welcomed the move to expand the IPS scheme, but echoed James' wider concerns, adding, "Until the long-awaited workforce plan for the NHS is published, it is unclear how an overstretched NHS will be staffed to meet demand or provide the workforce required for implementation of [the] long-awaited Mental Health Act reform. Overall, there was no indication in this Budget of how services will be shored up to help meet the rising tide of need and record demand for support."

Both Winstanley and the Centre for Mental Health's interim chief executive Andy Bell also focused on a more immediate issue, highlighting the unwelcome suggestion in the Budget (and in the accompanying Health and Disability Paper) that the use of benefit sanctions might be increased, despite their potential impact on patients' mental health.

Mind picked up on the same concern, noting in its press release that, "Stopping or threatening to stop someone's benefits when they're too unwell to work is cruel, inappropriate, and ineffective at helping them back into employment."

The charity also questioned the value of the funding on offer for work-based occupational health schemes – and of the value of online support, telling the BBC that, "Online support isn't right or accessible for everyone… It's also important to remember that with the ongoing underfunding of NHS mental health services… the majority of people in need of mental health support will struggle to benefit from this."

And like the Centre for Mental Health and Rethink Mental Illness, Mind again stressed the urgent need for a fully costed, long-term workforce strategy. It summed up its reaction to the Budget in a press release headline that simply read, "Chancellor's 'back to work' Budget is anything but."

New analysis

Two pieces of research, published in the same week as the chancellor delivered his Budget speech in the House of Commons, offer a stark picture of the reality for many patients wanting to access mental health services – a reality which measures outlined in the Budget do little to address.

Analysing data compiled by NHS Benchmarking, news website HSJ found that the four-week waiting times 'standard' in mental health, proposed two years ago by NHS England, is yet to be introduced, and there is no timeline set for implementation – unsurprising, perhaps, since nearly 75 per cent of adult patients are currently waiting longer than that for treatment to start.

And more worryingly, a recent report commissioned by Look Ahead Care Support and Housing warned that young people are unlikely to be admitted to mental health in-patient care unless they have "attempted suicide multiple times".

What's the strategy?

Jeremy Hunt's statement to the Commons came just weeks after the DHSC trumpeted a switch to a 'major conditions strategy', effectively abandoning a previously stated ambition to develop a ten-year standalone plan for mental health. This earlier announcement admittedly came in the same week as a government press release promoting a £150m investment for "150 new facilities to support mental health urgent and emergency care services", but that amount was not new money, having been promised in the 2021 Spending Review.

The message from the mental health sector seems clear – insufficient capacity within the NHS, driven by the lack of a long-term workforce strategy, continues to impede the mental health sector, and undermines the limited support packages.

These longstanding calls for action also raise questions about the government commitment to building new NHS services, especially when viewed alongside government appeals to companies to boost their occupational health schemes by taking out insurance to cover counselling, as mentioned in a recent Times article, which seem to steer away from public provision..

Martin Shelley

Hunt leaves NHS with 'unrealistic budget for the year ahead'

While the 2023 Spring Budget was good news for wealthy people adding to hefty pension pots, informed observers appear unanimous in warning that Jeremy Hunt's failure to increase revenue or capital allocations to the NHS will have serious consequences.

The Nuffield Trust's Sally Gainsbury dismissed the budget in a press release of just five scathing paragraphs, noting:

"Just two weeks from the new financial year, the NHS has been left with an unrealistic budget for the year ahead.

"Our analysis of DHSC spending and government inflation projections finds that today's Budget leaves the NHS with a £2 billion real terms funding cut from April this year. The NHS has been left with little certainty over how it will meet growing demand or address a workforce in crisis."

She concludes: "It seems almost inevitable that the Chancellor will have to return to Parliament to address this in the not-too-distant future."

The Health Foundation's CEO, Dr Jennifer Dixon, also joins the consensus in warning: "Without a credible plan for expanding and supporting the health and care workforce over the long term, the NHS will struggle to recover services and improve care for patients."

The NHS Confederation, representing both trusts and Integrated Care Boards also responded with warnings in a substantial report on the budget: "There was … confirmation that there will be no increase in either the NHS capital or revenue budgets over and above what was announced in the Autumn Statement."

The Confed is above all worried that its members will be stuck with the bill for whatever pay settlement is eventually agreed with agenda for change staff and junior doctors:

"First, we have yet to see a resolution to the ongoing pay disputes. As the 2022/23 pay award was not supported by additional funding, this came at the expense of other investment, including various digital programmes. …. We have been clear with government and in the media that any pay award above 3.5 per cent cannot be funded from within the existing budget without consequences."

But of course the other huge issue is the continued absence of any plan to tackle the NHS workforce crisis, which on latest figures leaves 124,000 posts vacant. Again the Confed is unimpressed: "The long-delayed workforce plan has failed to materialise ahead of Budget Day. We are disappointed that it has been delayed once again. Today's Budget presented an opportune moment to demonstrate the government's commitment to funding long-term workforce growth."

The Confed returns to the issue, noting that "Industrial action across the public sector is largely down to pay and conditions, but … many striking staff members in the NHS cited concerns over the quality of care that they were able to provide as a reason for walking out.

"Staff shortages are a key reason behind the industrial dispute and the imperative to offer hope to staff that workforce numbers will increase. They will be left discouraged today."

A political choice

Interestingly the Institute for Fiscal Studies director Paul Johnson went further on the failure to fund a settlement of the pay strikes, with an unusually sharp criticism: "There was no funding to be found to improve the pay offer to striking public sector workers, where £6bn might have been enough to make an inflation-matching pay offer possible this coming year. That's a political choice: money for motorists, but not for nurses, doctors and teachers."

Another IFS commentator, Ben Zaranko, also raises concerns over the pay offer that has been made to NHS unions. Writing before the most recent inflation figures revealed the CPI once more increased to 10.4%, he argued that the offer would – on the basis of official forecasts – give an increase for 2023-24 above predicted CPI inflation of 4.1%, but would still leave consolidated pay "up to 5% lower in the long run than it was in 2021-22."

Zaranko assumes that the one-off "bonus" lump sum for 2022-3 will "come from the Treasury," but notes that there is no additional funding in the Budget to cover the 2023-24 award. He estimates that the additional 1.5% increase above the 3.5% which the DHSC had claimed was the maximum affordable increase adds an extra £1.5 billion to the pay bill.

"There must be a risk that the NHS is asked to make heroic efficiency savings to absorb these costs, struggles to do so, and instead has to be bailed out in 6 months or a year's time. … it is unclear whether the Treasury will eventually provide the funding required to cover the cost of this deal. If it did, that would be a material alteration to the spending plans contained in Wednesday's Budget before the ink is dry."

NHS Providers, representing trusts and foundation trusts, published a pre-budget submission setting out a series of concerns, which also centred on the full-funding of any pay award: "Trust leaders would like to see the government being proactive in negotiations with trade unions regarding industrial action and come to an agreed settlement. The government must do all it can to ensure that the costs of resolving industrial action regarding 22/23 pay awards are fully met and do not lead to cuts in health or NHS budgets."

NHS Providers differs from Ben Zaranko, insisting in their response to the Budget that the assumed NHS pay increase is 2.1%, not 3.5%, and sounding the alarm on consequences if the eventual deal is not fully funded: "As we continue to flag, the government must commit to fully funding any pay award uplift for 2023/24 taking into account the fact that an assumption of only 2.1% is accounted for within the current NHS budget and we expect any pay settlements to be higher.

"It is important that government understands the potential impact on patient care should additional funding for a pay uplift be taken from within existing budgets. In this event, the NHS could be forced to make cuts to frontline services and reduce planned investment in primary care, mental health and cancer services."

NHS Providers, who have just published a hard-hitting report on the state of capital funding and allocations across the NHS, and their Budget response also focused on the desperate shortage of capital, noting: "This Budget does nothing to address the wider need for capital investment across the NHS for providers of acute, mental health, ambulance and community services."

Chickens coming home to roost

Responding to LibDem research after the Budget which exposed the continued NHS reliance on ageing and outdated X-ray machines, CT scanners and radiotherapy machines, NHS Providers have been even more blunt: "… years of under-investment in facilities across the NHS has left too many providers with inadequate buildings, failing equipment, such as old CT scanners and unreliable mobile X-ray machines, and an inability to adopt new technologies to improve care.

"Trust leaders were left sorely disappointed by the lack of an announcement on the New Hospitals Programme and the £10.75bn maintenance backlog facing the NHS – including the urgent need to replace dangerous concrete planks – in the Budget."

What's clear is that all of the think tanks and employers' bodies know the scale and urgency of the cash and capital crisis after 13 years of inadequate funding: but when push comes to shove it will be campaigners and the health unions that will have to wage the fight at local and national level to prevent another round of cuts and force ministers into investing enough to restore and expand our NHS.

John Lister

Beware dodgy claims of booming private GP services

The private health sector is waging a campaign of exaggeration and disinformation to mislead the wider public into believing their businesses are growing at a rate of knots, while the NHS is constrained by woefully inadequate funding.

First we had the Daily Telegraph publishing misleading claims of how cheap private treatment can be, and reports of a massive percentage increase in "self pay" treatment that ignored an almost static total of patients resorting to private hospitals.

The most recent focus has been on private GP appointments. While pressure on NHS GPs has continued to grow, private healthcare chain Spire claims there has been a "surge" of patients paying for GP appointments, as reported in March in both the Independent and in the NHS-hating Telegraph.

But Spire's "surge" seems to have been from a very low base indeed. The company says numbers of appointments with its 125 private GPs leapt from just 23,000 in 2021 … to a new peak of just 32,000 last year.

That is an increase of almost 40%, which sounds impressive … until you realise the new peak is only 9,000 more appointments, and averages just 615 appointments per week – or an average of just over 5 appointments per Spire GP per week. And even at the claimed 25 minutes per private appointment this would keep each private GP busy for just over two hours a week.

Another predictable source of inflated statistics on private medicine is of course the Daily Mail which back in January claimed: "The number of patients paying for private treatment in the UK has risen by 39 per cent over the past two years … with millions now bypassing their own GP completely as they struggle to get appointments and beat the lengthy queues."

The source of this information, which was trumpeted in the Mail headline "3.7 million patients have paid to see a private GP in the last two years," (with the follow-up claim that "Up to 1.6 million people have used a paid-for GP for the first time since the pandemic") – seems less than convincing.

These very large numbers are based on the outcome of a much smaller YouGov survey … of just 1,755 people, commissioned for The Times, and published back in May 2022. Apparently, 7 percent (123 people) of those responding to the poll said they had used a private online or in-person GP service in the past two years. So 3.7 million is 7% of the UK adult population: – except it isn't, and it's not clear how the 3.7m figure has emerged.

Statistical shortfall

There are no official sources of reliable information on private GP services, and survey findings vary. A Lib-Dem-commissioned survey of 2,000 adults, published early in January, estimated that "72 per cent had tried to get a face-to-face GP appointment in their local area, with 43 per cent successful and 29 per cent unsuc-

cessful." Of the 29% (580) who did not succeed, we are told 20% went to A&E, and 11% (64 people) paid for a private consultation. That suggests around 3% of the population making use of private GP services, less than half the YouGov figure.

But the real figure is likely to be much lower still. Even if we accept the claim of 3.7m private consultations over two years, this compares with the NHS delivering 340m appointments in 2022 alone, averaging 6.5 million per week, with a peak performance of 36.1 million – more than 1.1m per day – in October 2022. So the private sector takes two years to handle just 1.2% of the annual NHS GP caseload.

Of course there is no doubt that NHS GP services are under massive pressure, and it's no surprise that that levels of frustration mean that more patients are investigating private options as well as "do it yourself" solutions when they can't access a timely appointment, or see their GP face to face.

But it's clear that high costs and limited services are among the problems faced by those who do opt to go private. To make matters worse, the standard lower-priced private GP appointment is online, rather than the face to face appointments which so many frustrated NHS patients appear to be seeking.

Prescription hurdle

While many websites are keen to describe the advantages of going private, the downsides admitted in the FAQs on The GP Service website include the fact that many private GP appointments are not only online, but also accessed through pharmacies, and are inseparably linked to prescriptions: "The GP Service offers a service which requires a prescription for all treatments." But of course not all ailments require a prescription, and not all can be resolved by medication.

Private prescriptions are not capped in cost at the £9.35 per item like NHS prescriptions: many are much more expensive. Nor does the private sector offer any exemptions for those who would get NHS prescriptions free. Nor indeed will 'The GP Service' provide any consultations for children or under 18s – and they specifically state that they don't provide any emergency service. So for many patients this is simply not an affordable or practicable option.

The costs are substantial. Superdrug offers an undefined online consultation with "a doctor" for £38.99. Lloyds pharmacy offer an online appointment with a GP with "years of experience," "within 30 minutes" for £49.99 … including "medication, next-day delivery or same-day collection, referral letters and fit notes if needed."

The London Doctors Clinic runs a chain of 24 walk in centres offering "GP appointments" 24/7 – at a hefty £89 for 15 minutes, or £105 over weekends and holidays. They also offer "Private Blood Tests, Private STD Testing, Well Person Medical Screens, On-site Medications, and endless other GP services" – each at a price to ensure a healthy profit. Its website states:

"Many of the general medications can be dispensed by our doctors at your consultation and the cost of this medication is tied to the real cost of medication which are generally less per item cost for NHS prescriptions.

"Blood tests, STI tests, X-rays, MRI'S, Ultrasounds and other investigations will incur an extra to the consultation cost and will depend on the price of the investigation. Any other extra costs, separate from the consultation cost, will be made clear prior to incurring these costs and you will have a choice."

Similar schemes are available around the country. In Leicester, for example the Health Suite also offers private GP sessions ranging from 15 minutes for £65 to £205 for an hour, charging the same for face to face or online sessions.

Other ways of accessing private GPs include private health insurance: Vitality for example promises to cover online GP consultations in their insurance package (which costs upwards of £450 per year, and is obviously aimed at younger, fitter people unlikely to make many claims.)

But the self-pay equivalent again is far from cheap. BUPA offers face-to-face appointments in its health centres, ranging in price from £79 for a 15-minute appointment to £250 for 60 minutes.

Spire also has seen the chance of a nice little earner, and offer 30 minute GP appointments at £120, … while also boasting that the 39% increase in numbers of private GP appointments has brought them a 46% increase in revenue.

Even the Daily Mail admits that the first consultation is quite likely only the start of many more bills if treatment is needed: "The costs soon stack up further if blood tests, scans and small procedures are needed."

With all the costs and limitations of private medicine, it's clear that many of the claimed 1.6 million who have recently seen a private GP for the first time have already learned the hard way that ongoing support and any more complex treatment and drugs they require are only available from the NHS.

And it is worth noting that a single 45 minute private GP appointment is likely to cost very close to the £163.65 total funding NHS GPs get – per patient, per year – to cover all their costs and consultations.

And while the first appointment with a private GP is the first in a series of bills and invoices, the first appointment with an NHS GP can be the one that secures referral to the full range of NHS hospital and specialist services.

So we can predict that even a 100% increase in private GP appointments, as the NHS crisis continues, will still leave the private sector as a marginal factor in health care, easily available and affordable only to the 'worried wealthy.' There's still so much NHS for us all to defend..

John Lister

GPs angered by imposition of new contract

NHS England has enraged GPs by imposing a new contract, which includes more stipulations around access, but no extra funding.

GP leaders completed a first round of contract negotiations "in the spirit of collaboration, hopeful that common ground could be found," but when they received and rejected an "insulting" follow-up offer NHS England then abandoned negotiations and imposed a new contract, which starts in April.

Acting chair of the BMA's England GP Council Dr Kieran Sharrock told Pulse magazine: "This contract is the result of a failure to listen to what GPs actually need, and totally ignores the calls for any extra support to help practices meet the rising costs of keeping their doors open.

"Despite warnings from GPC England, it also introduces more bureaucracy and arbitrary targets that only set practices up to fail and take GPs away from direct patient care."

Dr Sharrock has now written to health and social care secretary Steve Barclay, calling on him to reconsider the imposition of the contract and return to negotiations.

Of four key points the BMA wants to see changed, the first two are demanding help with increased GP practice costs, including pay increases for staff, and withdrawal of the "access clause".

This relates to the stipulation in the new contract that GP surgeries will no longer be allowed to tell patients that available appointment slots are full, and that they should try the next day: "the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time."

Unachievable without extra resources

With finite (and reducing) numbers of fully qualified GPs able to offer only a finite number of consultations, whether face to face or online, it's not clear how NHS England imagines this could be achieved. The BMA argues bluntly: "This clause is unachievable without investment in workforce and infrastructure. We support the aim of this clause in the long term, but believe that the majority of practices will not be able to achieve this at this time."

Despite all the odds and obstacles, a diminished number of fully qualified GPs (down almost 470 in the past 12 months and down by almost 2,000 since December 2016) has managed to increase numbers of appointments by almost 120,000 per day, 70% of them face to face and 40% on the same day as requested.

The new contract also gives GPs just six months to set up online access "so new health information is available to all patients (unless they have individually decided to opt-out or

any exceptions apply) by 31 October 2023 at the latest."

NHS director of primary care Dr Ursula Montgomery said:'This contract supports GP teams to provide what matters to patients, and later this Spring the NHS will publish the GP Recovery Plan on how access to care will be expanded even further.'

However the long-promised GP Recovery Plan on how access to care will be expanded even further is proving as elusive as the NHS workforce plan, and just how many GP practices will still be in operation to implement the plan is doubtful according to a recent Royal College of General Practitioners survey of 2,700 GPs, which found one in four said their practice was at risk of closing, with nine in ten blaming unmanageable workloads, rising demand and staff leaving the sector.

RCGP chair Kamila Hawthorne told Sky News: "I've certainly heard of colleagues of mine becoming so stressed during their days of work that they're developing chest pain and needing to be seen themselves.

"If you're seeing 40 to 60 patients a day and making that number of clinical decisions, it is extremely stressful and worrying because each one of those clinical decisions is important."

Having rejected the new contract, the BMA is contemplating the next steps, and "will now look to enter serious discussions with our membership and the wider profession on what action we take next."

Extra pressure on pharmacies 'irresponsible'

Meanwhile another component of the primary care workforce, community pharmacists, are angry that NHS England has been waging an advertising campaign urging more people with minor conditions to go to pharmacies rather than to their GP, which threatens to weigh down pharmacists with extra, unfunded work.

The community pharmacy negotiating body has warned that the campaign is 'deeply concerning', 'irresponsible, 'extremely unhelpful' and 'irritating'.

Pharmacists only get paid for their advice if patients are referred to them by GPs or by NHS 111.

Malcom Harrison, chief executive of the Company Chemists' Association (CCA) warned that with pharmacists facing up to 30% cuts in their funding along with increased overhead costs, 'The NHS policy of moving asking patients to visit their local pharmacy does not address the problem of delays to access in primary care, it simply moves it from one pressurized location to another."

Hopes of growing the market for private GP services focus on the worsening crisis in NHS GP services, with an estimated one in four practices questioning whether they can afford to go on or will close..

John Lister

Ministers climb down on prescription charges for the over-60s

Ministers have finally dropped their controversial plan to impose prescription charges on 2.4 million people aged 60-66, after the plan received an overwhelming thumbs down from charities and older people.

An e-petition opposing the idea attracted 45,000 signatures and there were 117,000 responses to the public consultation in 2021. Since then there has been a constipated silence, with the Department for Health and Social Care admitting only that those numbers "are testament to the strength of feeling within our community" over the planned reform.

A Commons debate on the potential extension of charges

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on March 6 heard junior minister Neil O'Brien say only that no decision has yet been taken. But now the Department for Health and Social Care has told the i newspaper that they are "not going ahead with this idea."

Back in 2021 the government's own Impact Assessment conceded that 61% of the 60-plus age group (1.5 million) were 'high users' of prescription drugs – a much higher proportion than younger age groups

That, rather than the now defunct connection with the earlier retirement age for women, has been the most powerful argument against reimposing the charges, which were abolished for this age group by John Major's government back in 1995.

Indeed the Impact Assessment estimated that imposing charges on the 2.4m people in this age group (3.5% of England's population) would increase total prescription charge income by £226m … more than a third. This is because various exemptions mean around 90% of prescriptions in England are dispensed free of charge: the charges on the remaining 10% raised £652 million in 2021-22.

Questionable government claims

But the Impact Assessment also claimed, with no explanation, (or accounting for the potential harms of more people receiving less than their prescribed medication) that this extra funding would be "invested" in the NHS – and yield an astounding £8.4bn worth of improved health.

However the sums raised are a tiny percentage (just 0.4%) of the £150 billion DHSC budget, while their real cost (in deterring seriously ill patients on low incomes from accessing the treatment they need) has not been calculated.

The prescription charge, which was introduced by the Conservatives in 1952, was the first erosion of the NHS principle of giving access to necessary health care free at point of use. But it has only ever been an ideological matter rather than a serious source of funding. The whole of the population of Wales, Scotland, and Northern Ireland have enjoyed free prescriptions for years.

In February the Royal Pharmaceutical Society, concerned at the growing numbers of people opting not to collect all of their prescribed medicines because of the cost, called on the government to review exemptions to ensure all patients with long term conditions get their drugs free of charge.

Labour in 2019 responded to campaigners who have demanded all prescribed drugs should be free, and promised to scrap prescription charges in England if elected. However there has been no recent repetition of that commitment. Recent evidence shows that ensuring prescribed drugs are available free of charge significantly increases their compliance with treatment – and saves money.

Even after the retreat on the 60-plus age group, Tory ministers remain fully committed to the existing charges, and from April, the charge will go up from £9.35 to £9.65 for each medicine or appliance dispensed, posing fresh problems for the lowest-paid patients who are required to pay..

John Lister

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