

## Unsustainable, unsafe, and unfair: General Practice in crisis

### Key Facts

Number of appointments in March 2021: 28.4 million

Number of appointments in March 2019: 24.6 million

March 2019 – 28697 fully qualified GPs\*

March 2021 – 28096 (-2%) fully qualified GPs\*

\*Full time equivalent (FTE)

Full analysis of the latest GP workforce and activity data can be found on our [GP pressures page](#).

GPs and practices are under unprecedented pressure, delivering a far greater [number of consultations](#) with almost 5 million more appointments in March than they did the month before, and nearly 3 million more than they did in the same month two years ago, long before the onset of the pandemic. This is not just due to the serious impact of the COVID-19 pandemic, but also the major scale of the NHS backlog with millions more waiting for treatment, combined with a falling numbers of GPs relative to the growing population, despite government pledges to address this. On top of this GPs and their teams are working incredibly hard to deliver the hugely impressive COVID vaccination programme quickly and effectively.

It is unsustainable, unsafe and unfair for GPs and their teams, whether in practices, urgent care services or other settings, to be working such excessive hours at an intensity that is increasingly at the expense of their own physical, mental, social and families' health. This is putting patients at risk.

The first duty for GPs, as doctors and professionals, is to do no harm. GPs must, therefore, take all steps possible to deliver care that is safe for patients and protects their staff. With social distancing and infection protection and control measures still necessary, patients should only receive a face-to-face appointment if they need one, not simply because they demand one. Many surgeries have restricted and unventilated reception areas and are not yet safe for patients to walk-in without an assessment.

Practices are already working well beyond their safe limits and the impact of this on patient care has yet to be fully appreciated or recognised. GPs and their practices, as independent practitioners, with the support of GPC England and your LMC, should deliver care to their patients in the way they determine that best protects and cares for their population. They should not be disempowered by national guidance.

**Most importantly, it is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community, and with regard to the need to maintain good infection, protection and control measures in place. Practices have the contractual freedom to do this in a manner determined by each practice, taking in to account their capacity and workload pressures, and using their best clinical judgement to interpret any guidance, and by doing so delivering a safe service to their patients and a sustainable working environment for their workforce.**

As we have repeatedly stated throughout the pandemic, GPs must be [trusted to lead](#) and given the autonomy to look after their patients as they think best in their expert judgement. GPC England and BMA, as well as your local LMC, are here to support you in doing that.

The simple truth is that within the constraints of limited resources, dwindling workforce numbers and infection control measures it is not possible for practices to continue to deliver all that is expected of them. This is set against the context of rising infection levels and the spread of the B.1.617.2 variant in the UK, [cases of which have risen by more than 160% in the past seven days](#). It is this clinical context that should determine the key priorities for General Practice in the coming days and weeks, not politically-driven or media-fuelled edicts.

GPs have always put the needs of their patients and communities first. It is important that that we continue to prioritise our resources to our sickest and most vulnerable patients, and that we do everything within our power to ensure they are kept safe.

Over the next few weeks, we will be producing a series of support and guidance resources to help you to:

- define what unacceptable and [dangerous workload](#) looks like
- push back against unacceptable workload demands and workload shift
- work collaboratively at an ICS level to introduce an 'OPEL alert' system for use by practices supported by their LMC
- deal with any abuse from patients.