

PM Conference 2025

BMA

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Chair GPC Wales



12/11/2025

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GPs in Wales warn of 'grave concerns' for surgeries saying they're on the verge of collapse

WALES | HEALTH | POLITICS | DOCTORS | Wednesday 28 June 2023 at 6:30pm



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NHS in Wales and GPs face collapse, BMA union says

28 June 2023



Senedd Cymru Welsh Parliament

CYMRÆG

Petitions

Closed petition

Fair and Adequate Resourcing of General Practice in Wales

21,620 signatures

Show on a map

10,000

SAVE OUR SURGERIES

GPC WALES



BMA

Cymru Wales

Welsh Parliament

Health and Social Care Committee

Forward work programme

Autumn 2024

*Please note that the work programme is subject to change. For timings please refer to the relevant meeting agenda

| Meeting date | Topic |
|----------------------------|--|
| Thursday 19 September 2024 | Reserve slot: no business currently planned |
| Thursday 26 September 2024 | GP stakeholder event (private) Consideration of draft report on the Health and Social Care Bill |
| Wednesday 2 October 2024 | Reserve slot: no business currently planned |
| Wednesday 9 October 2024 | ADI on innovation for improvement in healthcare |



Support GMS: If not now, when?

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SAVE OUR SURGERIES

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General practice in Wales

needs a rescue package.

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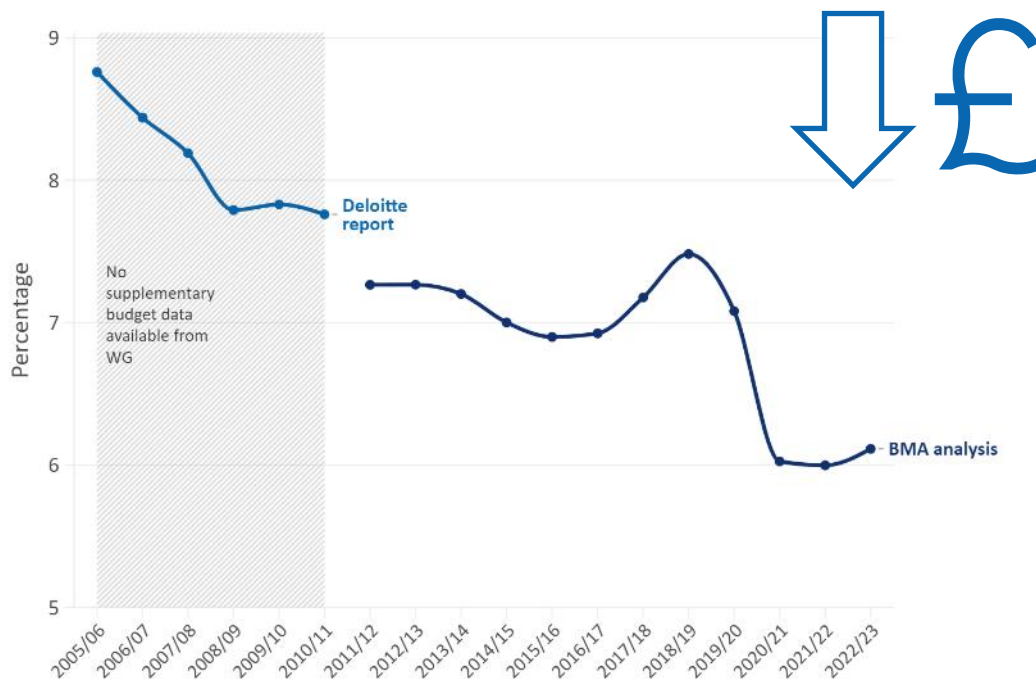
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- **90% of NHS patient contacts** are managed by GPs, with only **6% of the NHS budget**
- **Continuity of care** reduces mortality, hospital admissions and improves satisfaction
- **£1 invested in general practice returns £14** in economic value (Wood & Gorham, 2023)
- **Underemployment crisis:** 15% of GPs can't find work; 69% report stress or anxiety due to underemployment.

Resource Restoration



- Our analysis says that only **6.1%** of the NHS Wales budget goes directly toward GP practices as of 22/23.
- In 2005/06, this was as high as **8.7%**.
- **We have pushed for a political commitment toward resource restoration into GP within next 3-5 years**

Source: NHS Digital/Welsh Government - investment in general practice in Wales, Welsh Government second supplementary budgets, Deloitte - Under pressure: the funding of patient care in GP • BMA analysis of sources



Referendum 24

BMA



99% of Welsh GP members rejected Welsh Government's initial poor offer

68.1% turnout, and a significant increase in BMA membership

GMS Investment 24/25

Contractor GP Uplift (£10.6m)

- Meet DDRB Recommendation of a 6% uplift to GP pay

Staff uplift including Salaried GP (£12.7m)

- Funded staff pay at 6% - higher than A4C of 5.5%
- Applied *after* statutory increase National minimum & living wage – 9.8% uplift in 24/25

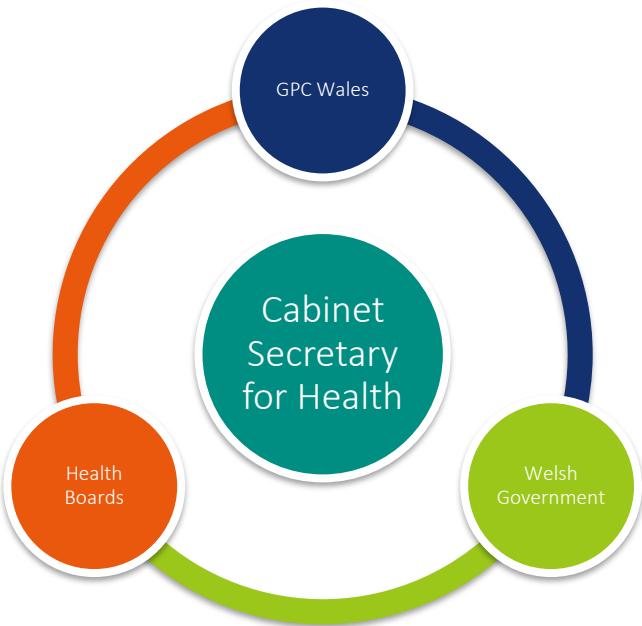
General expense uplift (£1.8m)

Non recurrent Stabilisation payment (£23m)

Additional Capacity Fund (£4m)

Total: £52.1m

GMS Contract negotiations process 25-26



Senedd Health and Social Care Committee Inquiry into the Future of General Practice in Wales

- GP shortages and underemployment
- Rising expenses and outdated funding
- The need for workforce, workload, and wellbeing reforms

The Committee will publish a report with recommendations for the Welsh Government.



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Safe working for GPs in Wales

www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-workload-guidance-for-gps-in-wales



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Safe Workload Advice

- The GP practice workload crisis is often so serious that we recommend practices take urgent action to preserve patient care and their own wellbeing. Practices will need to **care navigate** and decide how to **prioritise** care and day-to-day activity accordingly. These actions will inevitably result in some patients **waiting longer** for non-urgent care, or issues that do not need to be dealt with in general practice being **directed elsewhere**.
- GPs are reminded that **Health Boards are ultimately responsible** for the provision of primary medical services for patients. While LHBs contract with GP practices to deliver this responsibly, GP practices are **not a safeguard for all NHS services** or providers of last resort and they **cannot** be expected to operate beyond the terms of their contract or undertake a workload that is unsafe.

GP practices should determine a safe level of working for all GPs in their organisation.

- The decision on introducing a safe working limit protocol must be made at a practice level, with consideration of the urgency of case mix, complexity and demand. This should take into account non-patient facing clinical and administrative tasks.
- **We do not recommend a rigid adherence to a maximum number of contacts per day.**
- But when developing their own protocols, we recommend that practices adopt a more flexible and forward planned approach to their capacity offer. In line with the **Access Commitment** within the Welsh GMS contract, this requires **care navigation** and **prioritisation** of urgent cases, with **waiting lists** and **advance booking** for non-urgent care.



General Practice in the Devolved Nations

BMA

Wales Cymru



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