

22 November 2021

Submission to Health, Social Care and Sport Committee: Seasonal Planning and Preparedness

General Practice

General practice is under huge and unrelenting pressure, and there is a sense of fatigue and demoralisation amongst GPs at the moment – as with other parts of the NHS, GPs are struggling to manage a backlog of demand safely and in a manner acceptable and accessible to their patients.

Prior to the pandemic GP practices were reporting increasing workloads, however the impact of COVID-19, and now the effect of the easing lockdown restrictions is pushing demand to record levels. These increases would be difficult for GPs to manage even without the added constraints of infection control measures in the continuing pandemic.

Scotland had a serious shortage of GPs before the pandemic, and COVID-19 has only highlighted that further with GPs working longer hours and doing more consultations than ever before, despite some harmful negative media reports to the contrary. However, there is still a lack of clarity over the plans to achieve the desired expansion of GP numbers. In the Scottish Government's NHS Recovery Plan 2021-2026 they have stated they are still on track to increase the GP workforce by 800 by 2027, we are not convinced. It is vital now more than ever that we see clear evidence and data on the progress of the recruitment of the extra 800 GPs.

BMA Scotland conducted an access survey amongst GP practices in Scotland between 4-8th October, receiving 375 responses – which is 41% of the overall number of practices in the country and covering 2,552,748 patients (44% of registered patients in Scotland).

One of the questions they were asked to consider was whether their current practice capacity was sufficient to meet patient demand: 368 (40% of the total number in Scotland) practices responded to this with 128 (42%) practices reported having *substantially* less capacity than current demand, with a further 126 (41%) having *slightly* less capacity than the current demand – only seven practices reported having substantially more capacity.

Practices were also asked about whether they had any vacant GP posts on Monday 4 October: 266 practices reported that they had no vacancies on that date, while 104 (28%) reported that they had at least one vacant GP post. It is worth seriously considering that if the same rate of vacancies was applied

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to the full population the total number of practices with at least one vacancy would be **236**. That is an extremely concerning statistic as we head into what is predicted to be a very long and difficult winter.

Furthermore, of the 104 practices that reported having at least one vacancy, 37 reported that their vacant post had been vacant for *less than* three months, 22 reported that their post had been vacant for 3-6 months, and 42 reported that they had been vacant for *more than* six months. In addition to this, 24 of the practices reporting having at least one vacancy reported having a second GP vacancy, and a further four reported a third vacant position.

Considering all of the above, I have significant concerns for the coming winter months for GPs and their teams, many of whom are already stretched to their absolute limits. We have proven ourselves time and time again throughout this pandemic to be extremely resilient, changing the way we work overnight when the country went into lockdown in March 2020, continuing to see patients while staffing COVID hubs and later playing our part in the Covid vaccine roll-out, but eventually something has to give. We are working collaboratively with Scottish Government and note their reassurances that we have a record number of GPs working in Scotland, but there are simply not enough of us to cope with surging demand – demand that is only going to increase as we move further into winter.

Dr Andrew Buist
Chair of the BMA's Scottish GP Committee