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The next government must signal trust in general practice by putting money in the core contract

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The Royal College of General Practitioners (RCGP) recently published the results of a survey suggesting that almost three quarters of trainee GPs are finding it difficult to find vacancies to apply for, despite the fact that demand for general practice is rising and the number of GPs has fallen.¹ GP practices are struggling for funding (which despite increasing demand has fallen as a proportion of the NHS budget) and some are arguing that the Additional Roles Reimbursement Scheme (ARRS) scheme, which aims to broaden the range of professions working in general practice by providing a separate pot of funding for staff other than GPs and practice nurses, should be able to be used to fund these core staff.

It's easy to see why this is an attractive solution: the money is already in the system, and it is ringfenced for staffing. The funding is given to groups of practices known as Primary Care Networks (PCNs), rather than individual practices themselves, meaning the government could fund salaried GPs and practice nurses without any risk of GP partners taking the additional investment as profit for themselves or using it to fund other costs.

But I think this decision would be an example of what might be termed “sticking plaster politics”—a short term solution to patch up an underlying financial shortfall in the core contract for general practice, without truly tackling the long term issue of investment in primary care not keeping pace with demand.

At the heart of the current dispute is that the overall uplift in the 2024/25 core contract for general practice does not adequately meet the demands of inflation, rising utility bills and service charges, and unfunded nationally agreed wage rises.² For example, the 9.8% living wage increase that will impact the pay of many reception and clerical staff in general practices is unfunded. GP partners who face rising wage and utilities bills do not have the money to fill GP vacancies, despite a growing need. They are however able to fill ARRS vacancies, as that money is in a separate, ring-fenced pot and so they understandably want to be able to use that money to fund the core staff they need.

I've written extensively on the ARRS scheme, which was introduced in 2019 to broaden the skill mix and range of services available to patients in general practice, and often to work across a network of practices to provide services that wouldn't necessarily be feasible in a single practice.³ The key word here is “additional.”

I absolutely believe that having a broad skill mix in general practice can add value and improve overall patient care, if the roles are well implemented and

supported, and the scheme has been successful in bringing more staff into general practice. I can also see a case for using it to fund specialist GP roles or specialist nurses who work across a PCN (for example a GP to work exclusively in care homes). Using it for GPs, and the core work of general practice, however risks undermining the scheme altogether as a way of improving skill mix and providing a broader range of services to patients

I would much rather see the government signal trust in general practice by putting as much of the budget as possible in the core contract and limiting the number of disconnected small funding pots. These ring-fenced pots have a role to play in delivering a specific policy objective (such as broadening the skill mix), but overuse of this type of heavily restricted funding signals that the government does not trust practices or PCNs to make the right decisions about how to meet the needs of their patients. Of course, practices should absolutely be held to account for how they spend that money, and ICSs will need to boost their capacity and capability to monitor how funding is being spent.

Allowing the ring-fenced ARRS funding to be spent recruiting GPs and practice nurses could be a quick fix to an immediate problem, but it won't provide a long term solution to the deeper challenge.

At the heart of this debate is whether the next government will take seriously its commitment to bolstering primary care, or whether ministers will reach for the sticking plaster solution.

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- 1 O'Dowd A. GPs unable to find new posts despite shortages, says royal college. *BMJ* 2024;385. doi: 10.1136/bmj.q1373. pmid: 38901864
- 2 GP funding and contracts explained <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/gp-funding-and-contracts-explained>
- 3 Integrating additional roles into primary care networks <https://www.kingsfund.org.uk/insight-and-analysis/reports/integrating-additional-roles-into-primary-care-networks>