

Workforce and workload in Welsh General Practice - and the Inverse Care Law

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UNIVERSITY

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Declaration of interests

- GP Partner 25 years
- Practice resigned GMS contract 2020
- Salaried GP in Cwmbran 2020-25; retired May 2025

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- This is not a party-political presentation

Director, Wales COVID- 19 Evidence Centre 2021-23



COVID-19 vaccine
Get the latest information from the NHS.

[Learn more](#)

[See more resources on Google](#)

UK Covid 19 Inquiry - Module 3 Hearing - 23 September 2024 AM

General Practice

>70% of all health care encounters
in NHS

>70% of all COVID-19 vaccinations

investing in primary care services is
cost-effective at societal level

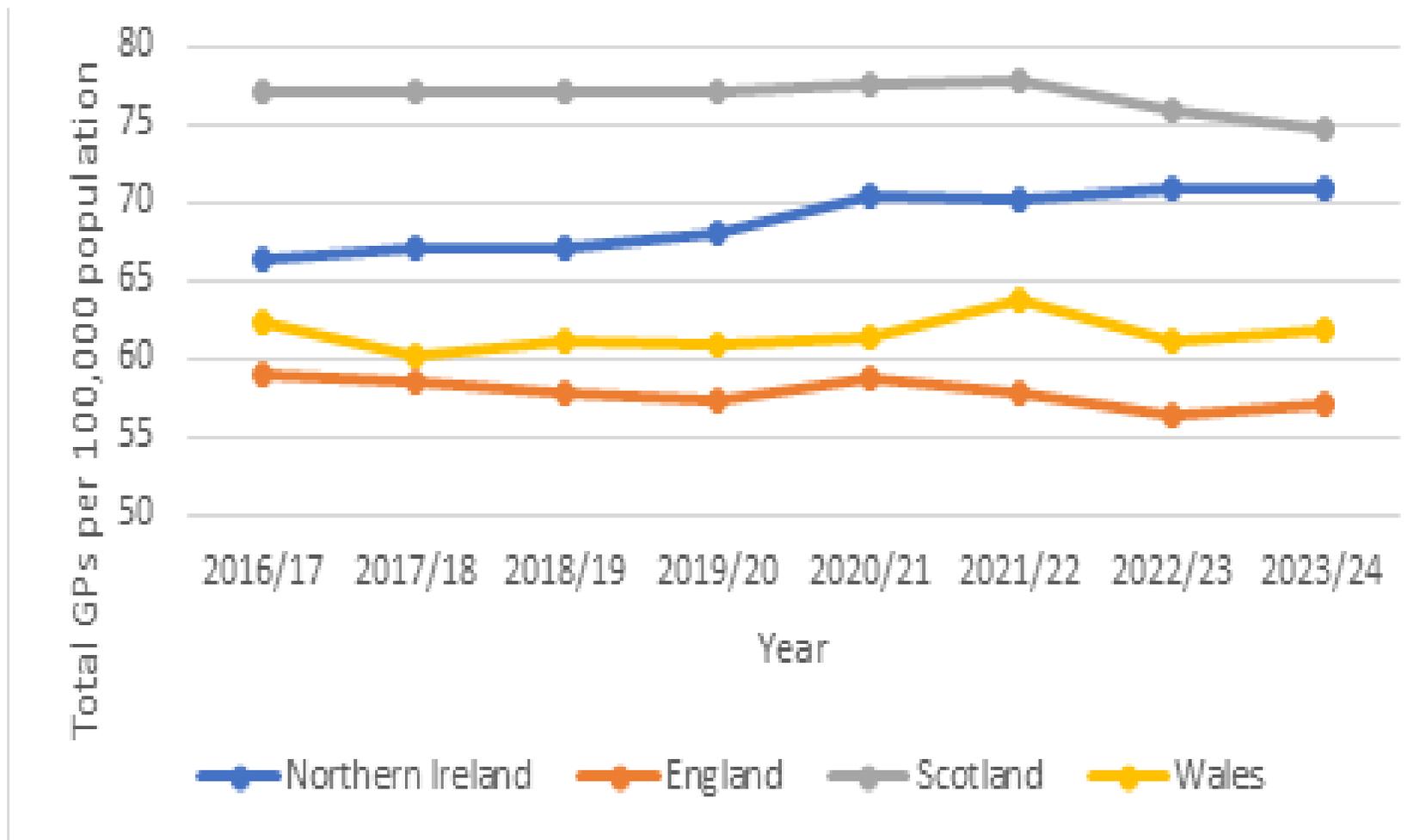
for every £1 invested in primary care, at
least £14 is delivered in productivity
across the working community (NHS Confederation)



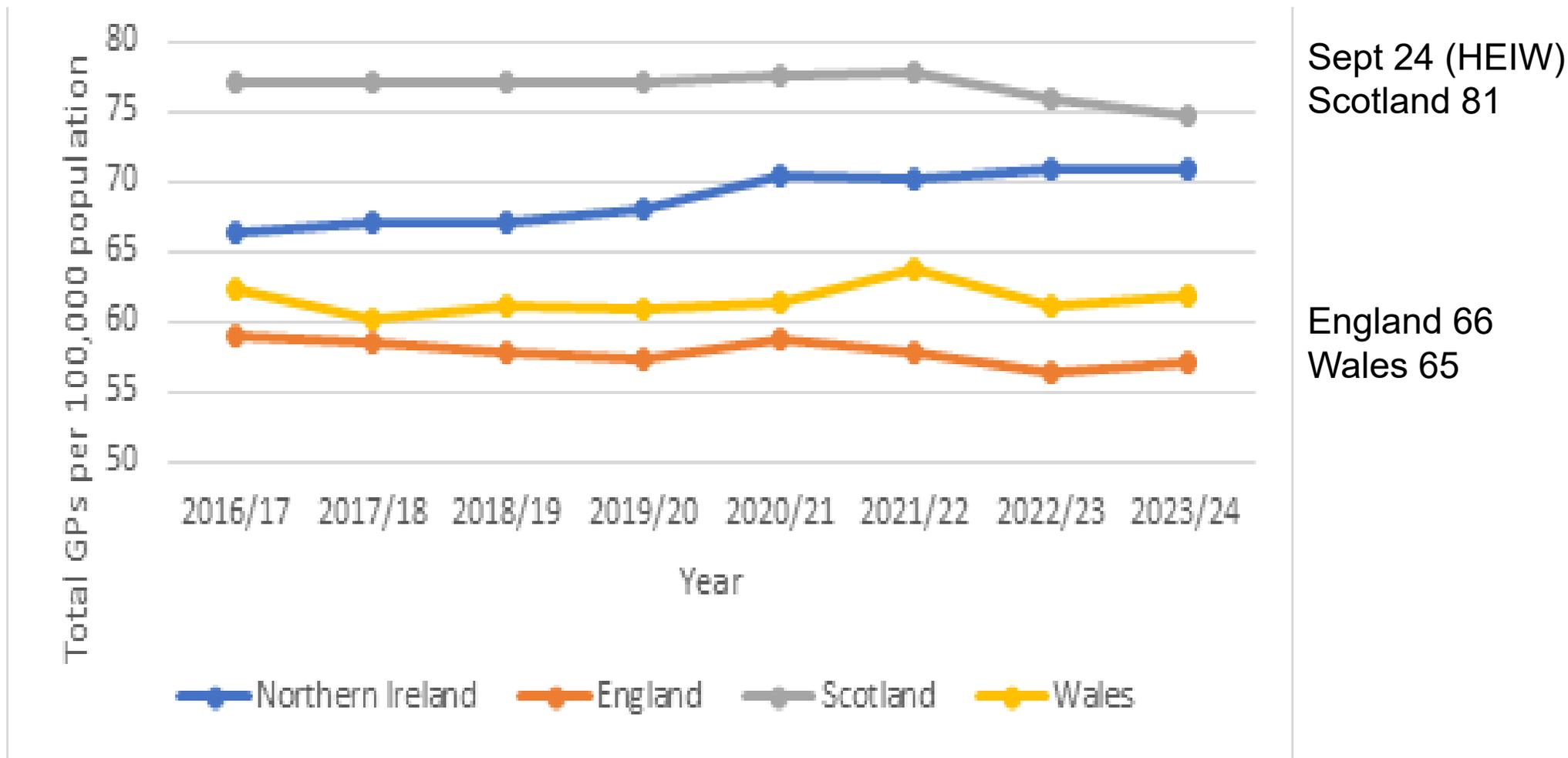
The number of General Practitioners (GPs) per person varies between countries.

Per 100,000 population:

- Australia **121** full-time equivalent (FTE) GPs (38,357 gross total GPs) in 2021 (most recent available data). This has risen steadily year on year from 103.7 in 2014. (Australian Gov't Productivity Commission, 2023). 
- New Zealand has **74** FTE GPs in 2021, up from 68 in 2013 (Grimond, Martin and Tu, 2021). 
- Canada has **103** FTE family physicians in 2021-2022 (Canadian Institute for Health Information), a decrease from 122 in 2019 (Canadian Institute for Health Information, 2019). 
- UK has **45** FTE GPs per 100,000 patients in April 2022 – a fall from 52 per 100,000 in September 2015. (RCGP, 2022). 
 - Figures relate to NHS England, slightly higher figures in Scotland, Wales and Northern Ireland

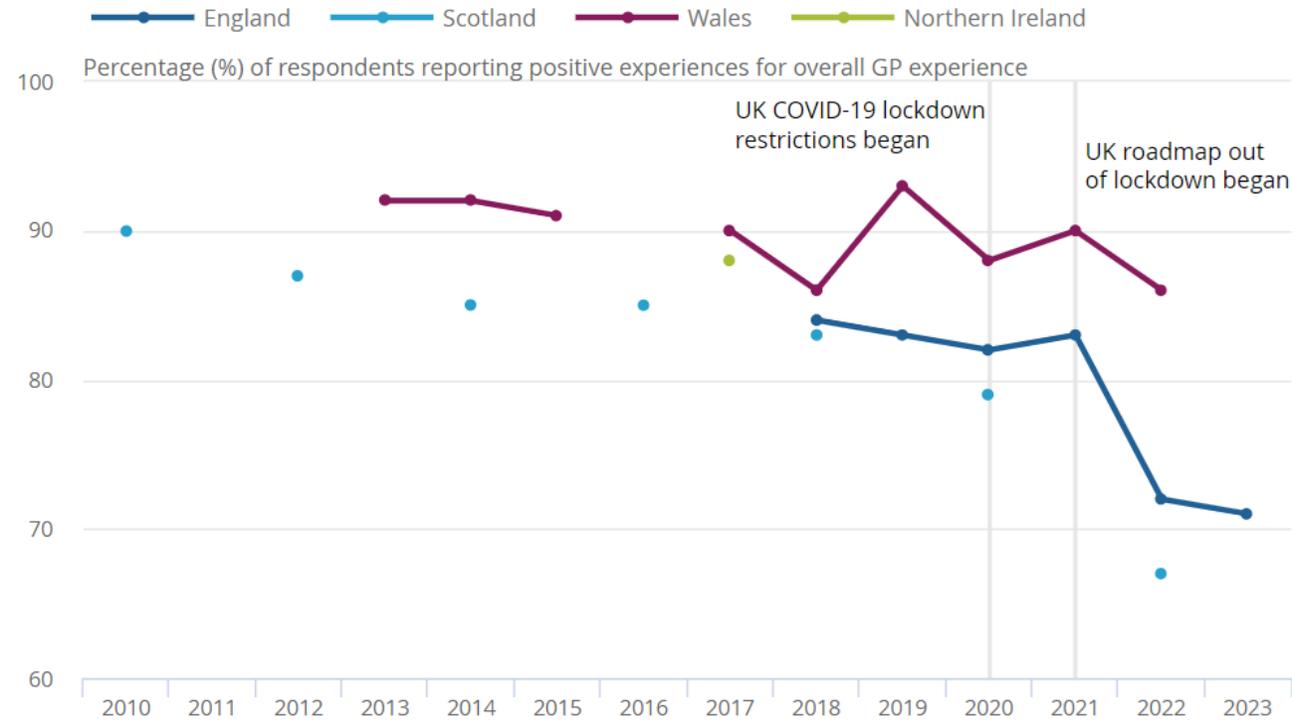


Total GPs (headcount, not FTE) per 100,000 population in UK nations. Figure adapted using data from Department of Health: Publication of FPS General Medical Services for Northern Ireland, Annual Statistics 2023/24 (Department of Health, 2024)



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Patient experience



Percentage of respondents reporting positive overall experience of GP services in the UK, 2010 to 2023 (ONS, 2024)

And the Inverse Care Law

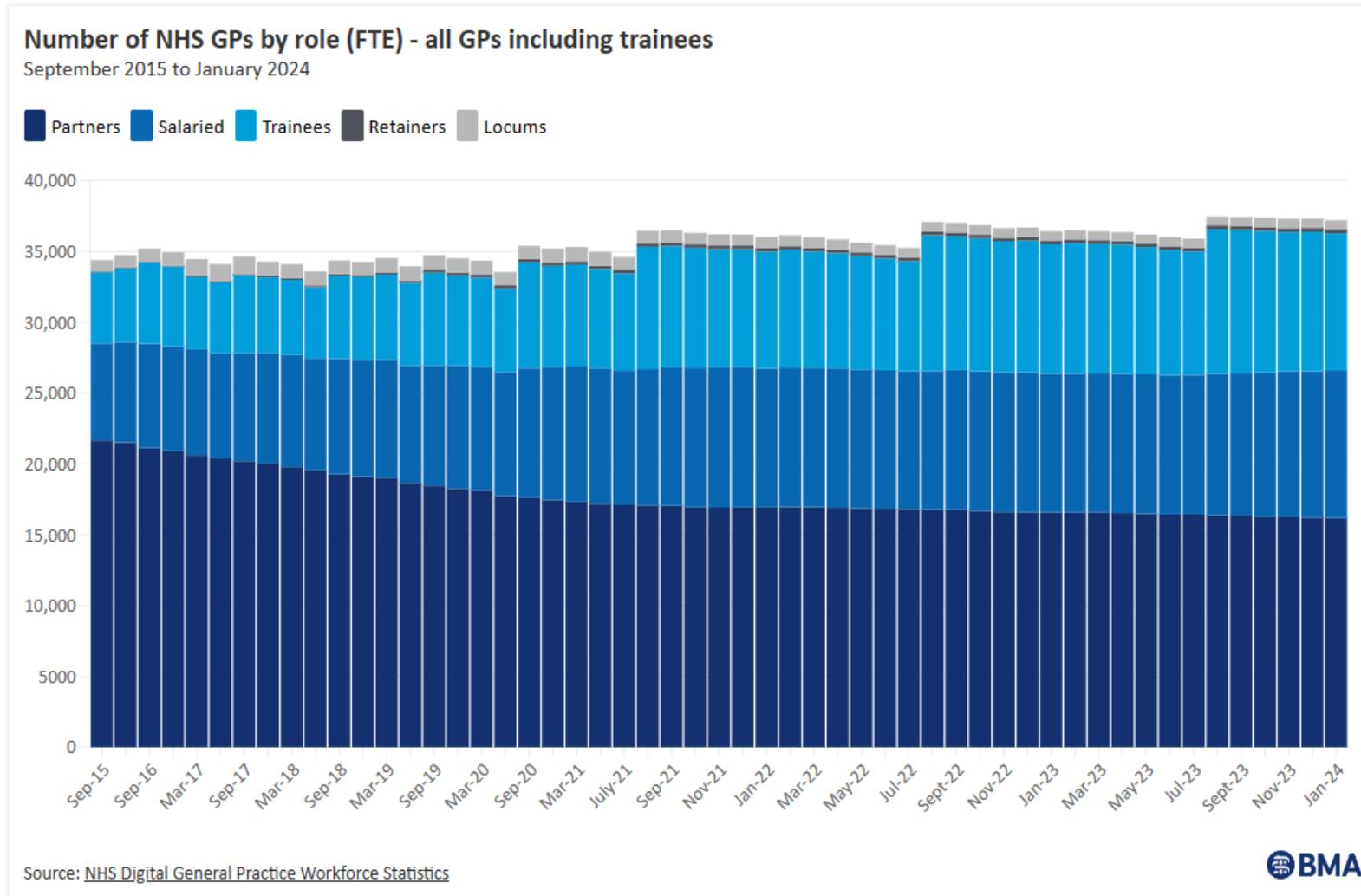
- The availability of good medical care tends to vary inversely with the need for it in the population served.

This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced.

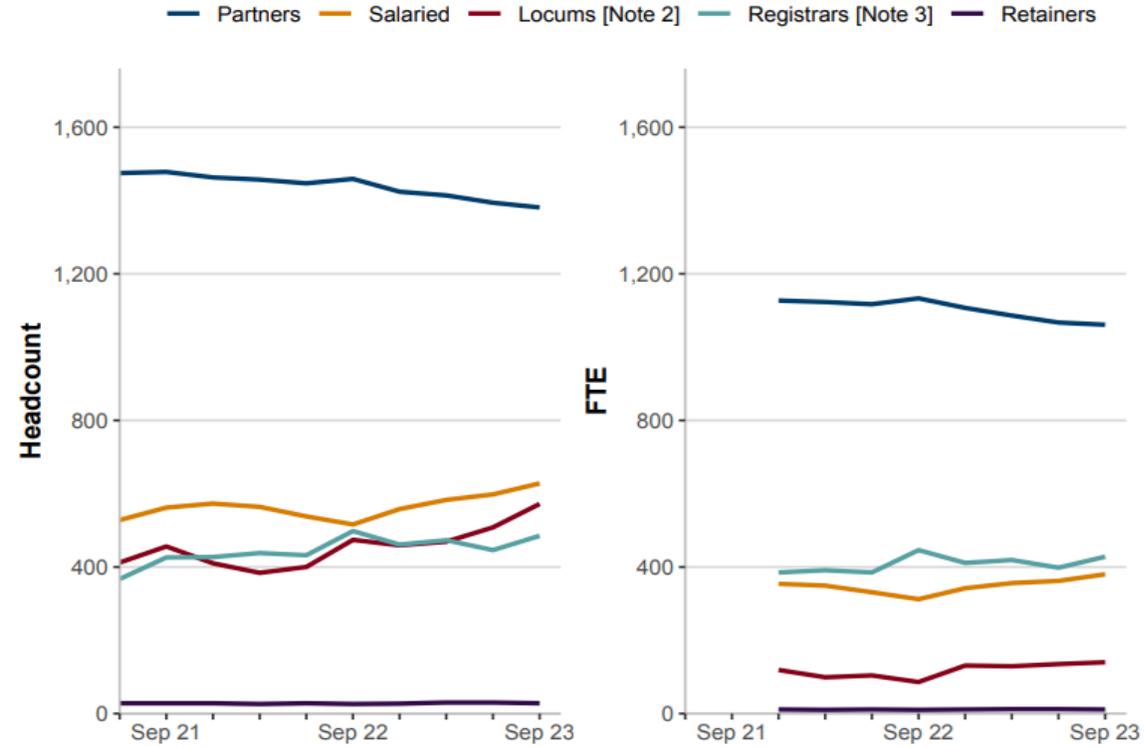


Julian Tudor Hart, Lancet, 1971

Workforce



Workforce



Graph from Welsh Gov: General practice workforce: at 30 September 2023

Workforce

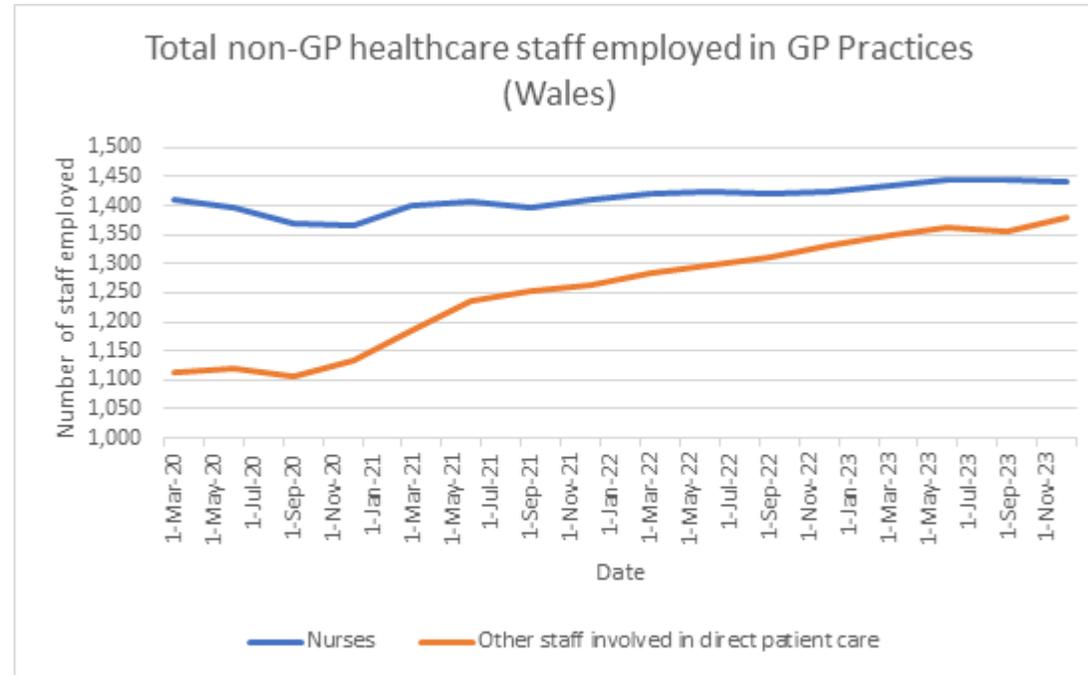


Figure adapted from StatsWales data

Workload

Patients and workload in general practice data²

Number of patients per FTE fully qualified GP (September 2015 to February 2024)

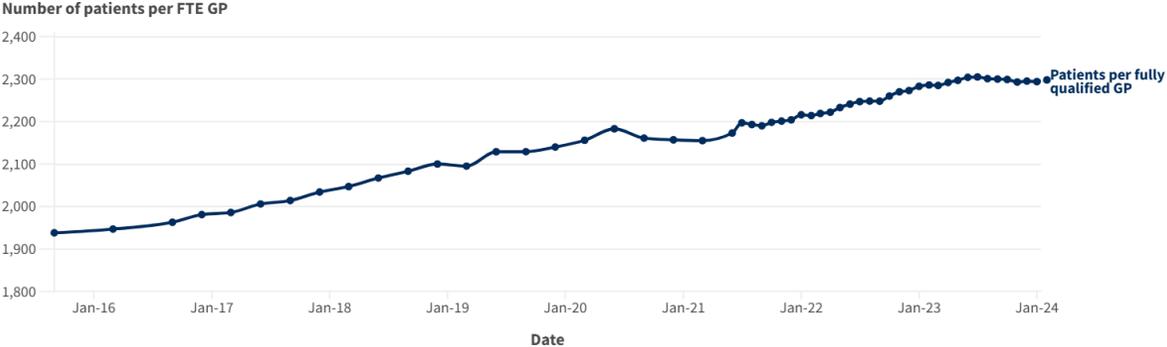


Figure 2: The average number of patients per GP has seen a steady increase since 2015. There are 2,298 patients per GP as of February 2024, which is an increase of 7% since 2019 [2].

(RCGP, 2024)

Workload

Estimated total number of appointments in general practice by year (2019 to 2023)

■ Estimated appointments (excluding COVID vaccinations) ■ COVID vaccination appointments

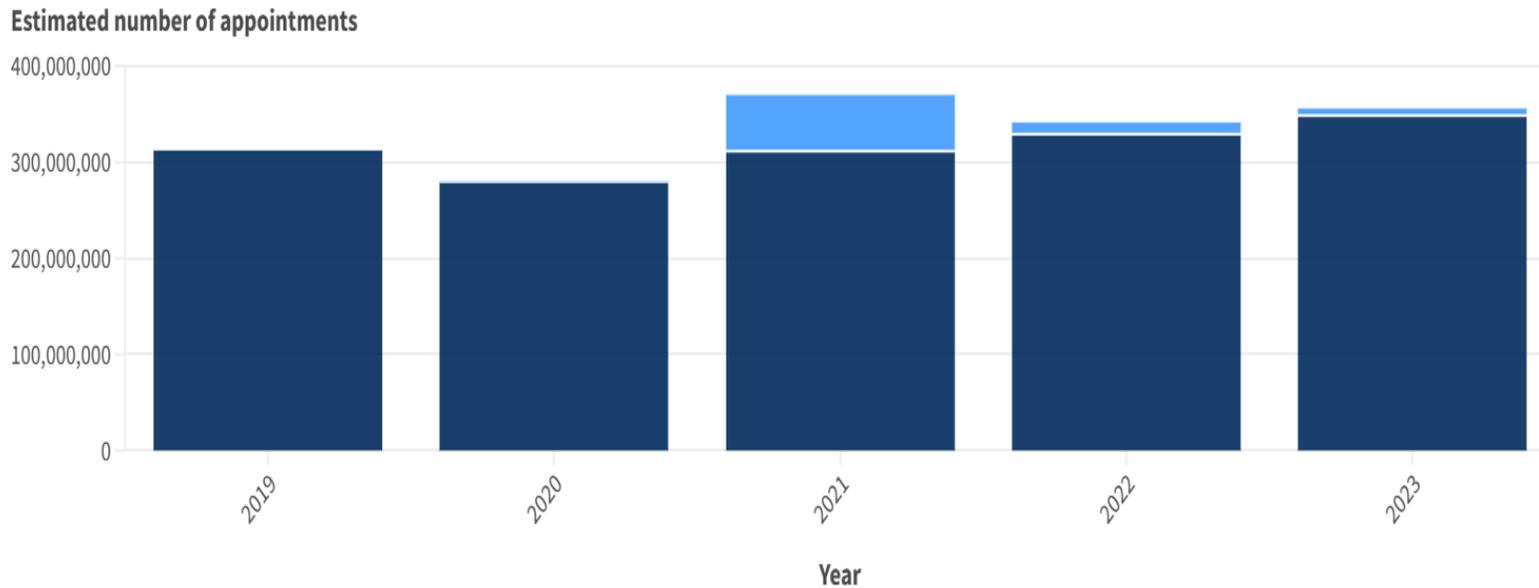


Figure 1: General practice staff delivered 356 million appointments in 2023, which is 14% more than in 2019 [1].

(NHS England Digital, 2023)

Inverse workload law

- Affluent areas: 2100 patients per full time GP
- Deprived areas: 2400 patients per full time GP
 - 7% less income

Appendix II Social patterns of GP service use by deprivation quintiles

Fiscal Year 2018/2019

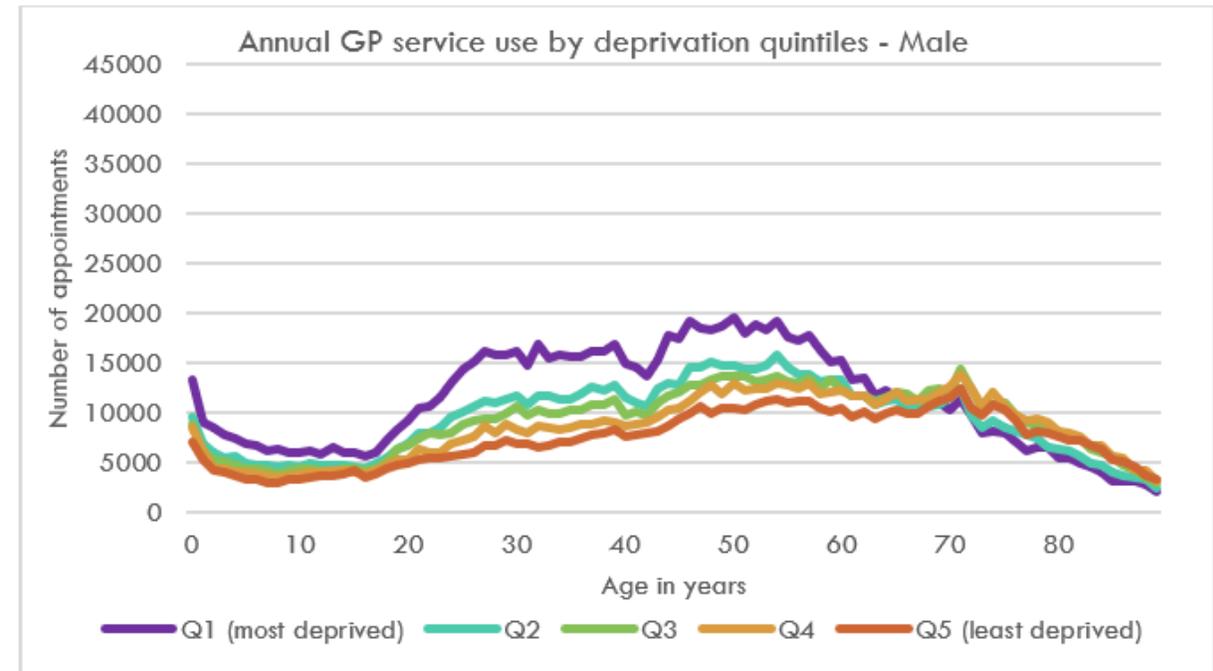
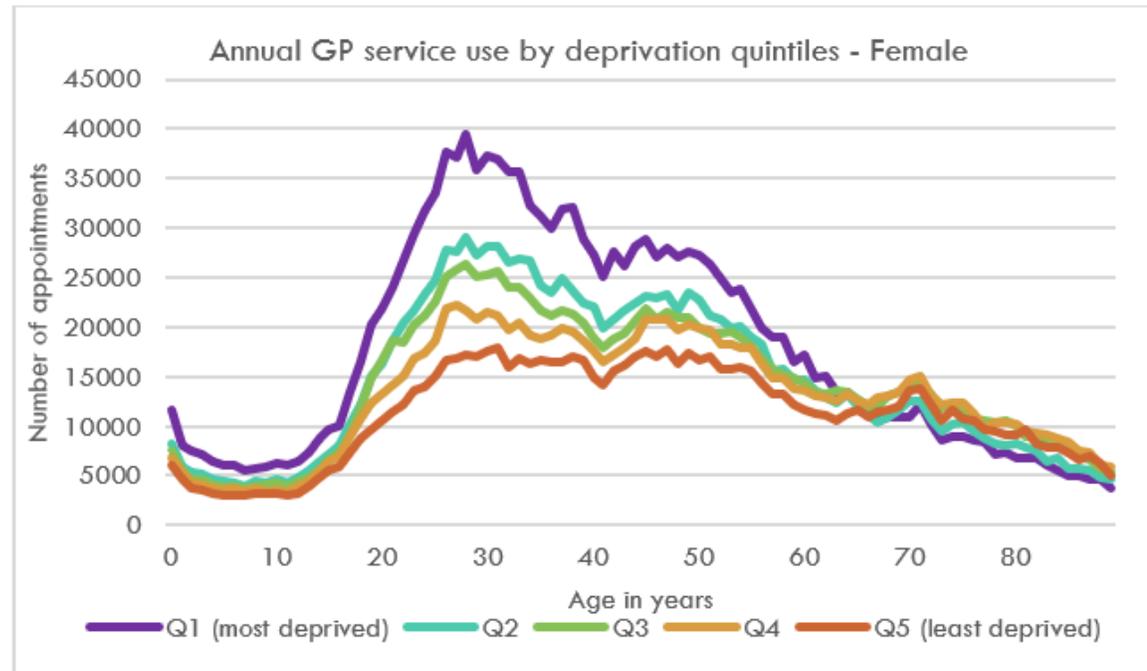
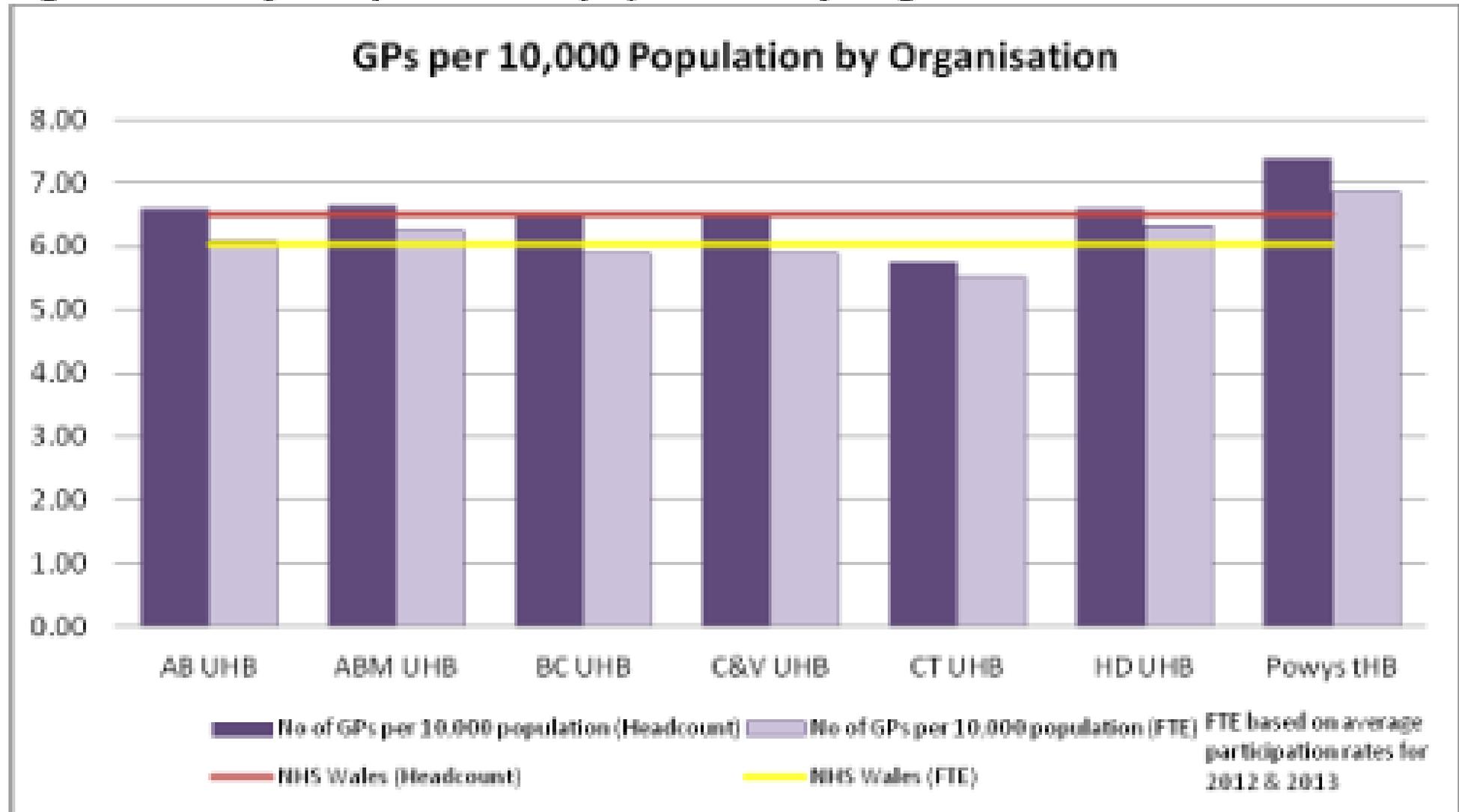


Figure 1: No of GPs per 10,000 population by Organisation – 2014



Source: Stats Wales.

Workload and population need

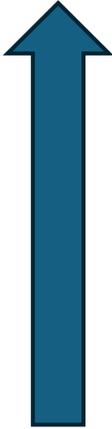
- the total amount of ill-health, measured by the number of **years lived with a disability, has increased** by over a sixth between 1990 and 2016, driven by a growing and ageing population.
- Between 2003–04 and 2015–16, the number of people with a **single chronic condition grew by 4%** a year, and the number with **multiple chronic conditions grew by 8%** a year.
- By 2035, the proportion of over 65s with two or more long-term conditions is projected to rise to over two thirds.
- The number of people **aged over 85 is estimated to grow 55%** by 2037, as part of a continuing trend of population growth which outstrips comparable countries
- A 2013 study found that an average GP consultation involves a discussion of approximately **2.5 different problems, across a wide range of disease areas, in just 12 minutes**, with each additional problem being discussed in just 2 minutes (Salisbury, et al)

Professor Sir Muir Gray



“the GP morning surgery is one of the wonders of modern medicine”

Population need

- 
- **long-term rising prevalence of several conditions.**
 - The Health and Care Research Wales Evidence Centre reviewed trends in prevalence of
 - cancer (breast and prostate),
 - cardiovascular (including stroke, atrial fibrillation, heart failure), also diabetes and high blood pressure,
 - dementia,
 - mental health and depression and
 - multi-morbidity.
 - Used to assist with planning of NHS Wales need and capacity over the next 10 years, utilised by Ministers and NHS Executive



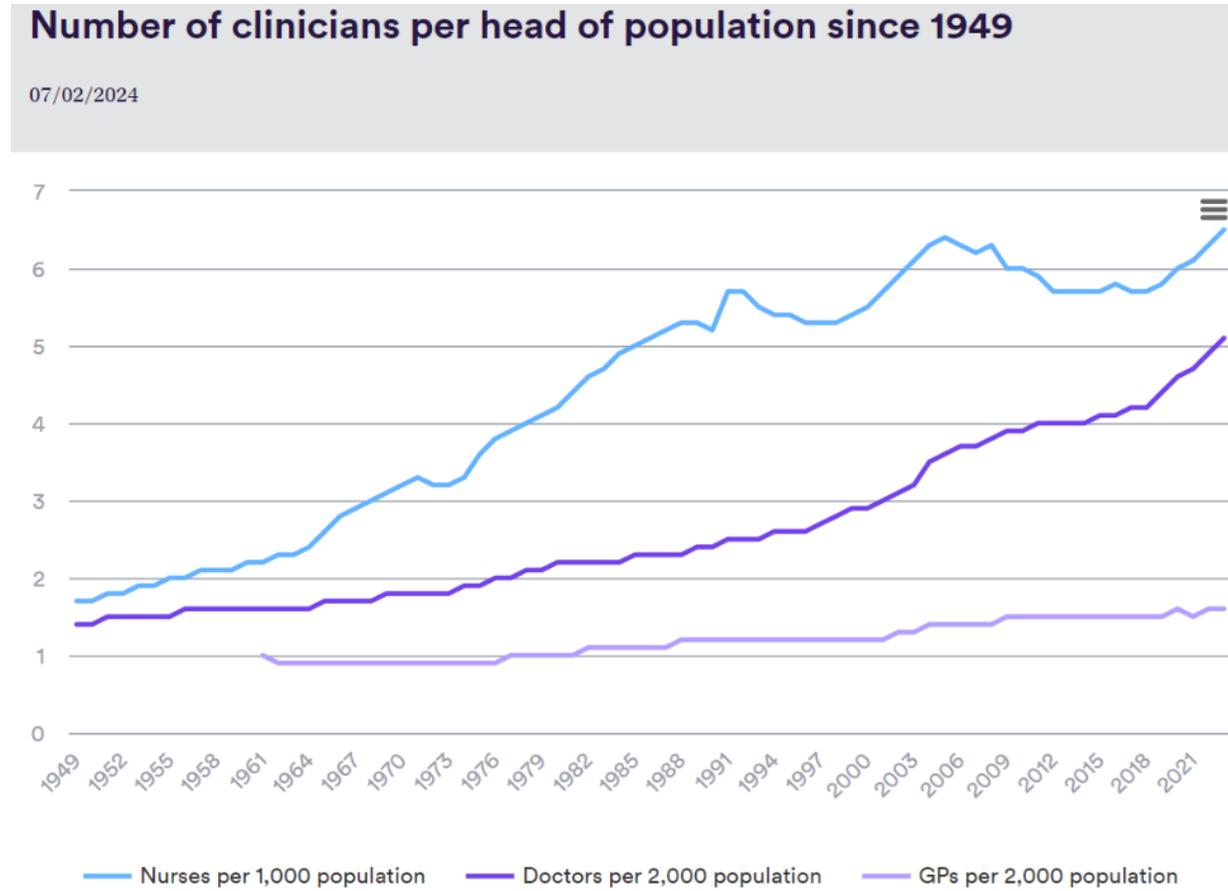
**What is the forecasted prevalence and
incidence of long-term conditions in Wales:
a Rapid Evidence Map**

June 2023



Prevention better than cure?

Prevention better than cure?



(Nuffield Trust, 2024)

Budget to primary care

the proportion of NHS (England) budget spent on general medical practice has dropped from around 11% in 2004 to 8.8% in 2015-16 and to 8.4% 2023-24.

Wales: 7.6%

Real terms increases in spending in primary medical care are less than those in all other sectors.

NHS England 14.8% real terms rise 2015–24 in GP (£12.9Bn)

Other sectors – range 17- 45% increases

Resourcing primary care is cost-effective at societal level and improves health outcomes for the population.

What to do?

- Redistribute within primary care?
- Carr-Hill formula
 - **Patient age and sex**
 - **Additional needs of patients:**
 - standardised limited long-standing illness & mortality ratio for patients <65
 - **List turnover**
 - **Staff market forces factor**
 - **Rurality**

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 - **Rurality**
- **Zero sum game**

What to do?

- Redistribute within NHS to primary care?
- Restoring from c.8% to 11% of NHS budget - minimum
- And transparent assessment of budget in relation to workforce, workload, and population need
 - at least annually
 - 'safe staffing' requirements in relation to need and demand

Workforce

- expanding and sustaining the primary care workforce:
GP, nursing & allied health, administrative groups
 - staff recruitment & retention and supporting and developing primary care staff across the disciplines
- expand fast enough to meet the challenges of increasing workload
 - retain these staff to achieve the resilience required for general practice to be fit-for-purpose
 - Restoring to 11% of NHS budget minimum

Academic (GP) Fellows Scheme

- Welsh Government funded 20+ years
- motivated GPs to combine teaching, research, and postgraduate study with clinical work in the most deprived areas of South East Wales (also Swansea / West and North).



The Academic Fellows Scheme provides support to some of the most deprived areas in South Wales.

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***** Output: 5 GPs per year *****



Enhancing capacity – ‘Reimbursement Schemes’

- directly reimburse additional posts upon appointment or additional hours from existing staff
- E.g. Additional Roles Reimbursement Scheme in England
 - 17 roles e.g. pharmacists, social prescribing link workers, physician associates, physiotherapists; paramedics
- Additional Capacity Fund in Wales (2022-25)
 - administered through Health Boards
 - 2021-22 (Winter pressures) 100% reimbursement;
 - 22-25 50% matched funding £4M total pa
- “offer potential models and Governments should explore further development and sustaining of such approaches across all the primary care disciplines”.
 - Targeted to area of greatest need

Enhancing capacity

- planning for student and training place numbers
- quotas in some comparable countries for a minimum threshold of training places that must be in primary care (e.g. 40-45%)
- training and supervision capacity in GP needs to be explicitly & effectively resourced
- Specific efforts & interventions to encourage, support and retain GP partners (not all medical)
- Technological & estate infra-structure development

Urgency

- 10% of the GP workforce aged <40 left in 2023
- Interest in training is strong - >3x per place

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