



Department of Health & Social Care

*The Rt Hon Dame Andrea Leadsom DBE MP
Parliamentary Under Secretary of State for Public Health, Start for Life and Primary Care
39 Victoria Street
London
SW1H 0EU*

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Dear Katie,

Thank you very much for the constructive conversation last Tuesday. I am so glad to hear that you are on the mend!

I would like to express again my gratitude to all GPs for their commitment to the health and wellbeing of their patients, and I'm grateful for the collaboration that you and your committee have demonstrated over the course of this consultation. I have valued our discussions and your commitment to finding shared solutions, and I recognise the importance of bringing hope, safety and stability to general practice.

Each workforce in the NHS faces different issues, and I know that you are reflecting fairly the challenges faced by GPs - as you will appreciate, any offer put to the Unions will inevitably therefore be made up of different component parts to reflect the different priorities.

To recap the current situation for the GP contract, in 2023/24 government made available over £1.4bn of funding for extra staff through the Additional Roles Reimbursement scheme (an increase of £385m compared to 2022/23) as part of over £2bn of new investment in Primary Care Networks. We also accepted the 2023/24 Doctors and Dentists Review Body (DDRB) recommendation in full and provided funding for a 6% pay uplift for salaried general practice staff. As announced in 2023/24, our 2-year Delivery Plan for Recovering Access to General Practice retargeted funding to help GP practices provide better access for their patients, with £240 million in 2023/24 to provide digital tools, telephony and training, and £246m from the Impact and Investment Fund to directly support Primary Care Networks in improving access and in 2024/25 we will extend this to £292m. This is on top of a major new investment into pharmacy through Pharmacy First, with up to £645 million over two years to expand the services offered by community pharmacies, helping to take the pressure off GPs and providing patients with more options for care.

In 2024/25 we are returning to seeking analysis from the independent pay review body DDRB for recommendations on pay for salaried GPs and GP partners. I fully recognise the timing of the DDRB review does not currently align with discussions on the GP contract. As with all other pay groups, including consultants, we will await the outcome of the DDRB process before deciding the 2024/25 final pay award for GPs.

In the 2024/25 GP contract, we have sought to include a number of reforms which will positively benefit practices and PCNs by reducing bureaucracy, helping with cashflow, supporting financial flexibility and increasing trust and autonomy. These changes include increasing the flexibility of the Additional Roles Reimbursement Scheme, income protection

of QOF indicators, simplification of Clinical Director role and PCN service specifications to provide greater autonomy for PCNs.

As you may know, the government and unions representing consultant doctors in England have now agreed to put an amended offer to union members. This does not include an uplift to headline pay, which is a matter for the independent pay review bodies, but focuses on reform, including reform of the pay structure. The consultant core contract has not been updated for over 20 years and the offer will deliver reform to reflect modern ways of working and, amongst other things, respond to recommendations made in Professor Dame Jane Dacre's Independent Review into the Gender Pay Gap in Medicine.

I am also pleased to let you know that, subject to acceptance of the consultant offer, a series of changes to the operation of the DDRB, will recognise feedback from yourself and the wider BMA. This includes reforming the timetable which would see awards announced earlier than in recent years, with the aim of the pay award being known at the start of the financial year, from the 2025/26 pay round, which I know has been a particular concern for you and your colleagues. Other changes include reforms to the DDRB's terms of reference to provide greater clarity, and changes to the appointment process including trade union input on role profiles and at the sifting stage.

May I thank you again for the positive engagement we have had, and I look forward to our shared work on the future for GP practice. I will write to you again on this and other areas for discussion.

With very best wishes for your continued recovery.



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