

Why Labour is wrong about reforming the GP contract at ...

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I have [posted this thread](#) on Twitter this morning:

I criticised Labour, Keir Starmer and Wes Streeting for their comments on GPs and their financing [this weekend](#) as I consider them irresponsible. That needs explanation in more detail, taking into account what needs to be done in this area. So, another thread on GPs, the NHS and Labour....

I am critical of Labour for discussing GPs and the way they're paid negatively (and how else is 'murky' to be interpreted?) when this might a) increase tension, with already angry patients putting GPs at risk, and b) when Labour has no alternative to offer as yet.

I find it hard to forgive people who put others at risk unnecessarily, and this I think Labour has done. But I also dislike politicians who say there are problems and have no idea how to solve them - which is exactly what Starmer himself said was wrong with politics last week.

So, what is the issue with GP funding? First, let's be clear that it is not murky: it is governed by a contract which is government determined. So the allegation that there is something dodgy in it is just wrong.

Second, for sure GPs are deemed to be self-employed under this contract, which is in tax terms anachronistic, but that is no more unusual than the special tax status given to MPs and ministers of religion, so let's not get too excited about this as an issue.

Third, GPs being self employed does not stop them being an integral part of the NHS: about 90% of all patient contacts in the NHS are via GP surgeries so let's not pretend, as Starmer seems to be doing, that they are a private sector tack on: they are integral to the NHS.

Actually, they are more than that: GPs are the risk sink that makes the NHS as a whole work, in my opinion, because the whole role of the GP is to appraise medical risk and live with the consequences. We can't ignore that they are implicitly paid for taking that risk.

Fourth, let's look at how GP services can be paid for. There are in essence three models. One is to pay on a capitation basis. So, GPs are paid a fixed sum for each patient, whether they ever see them or not.

The inevitable result is threefold. GPs have an incentive to have big patient lists. They have an incentive to do as little as possible for patients. And GP practices of this sort are really attractive to private buyers. All in all, not perfect.

The next alternative is to pay for services performed. Again there are perverse incentives such as doing too much for some patients that is not really needed at the expense of what might actually be required by those who are really sick.

And after that, if some things attract higher payments than others then mysteriously more cases of what is well paid for will be found: that's just the way things are bound to happen.

So neither of these models of contracted care is perfect. The other alternative is wholly salaried GP service. Part of what we already have is of this sort: most GP practices have some salaried GPs rather than profit-sharing partners on their staff.

But, there are big problems with a fully salaried service too, because then there is no one who is contracted to provide a GP service come what may, which is what we have right now. Under the current contract GPs have to accept crazy workloads because the contract says they must.

Put all GPs on salaries though and whilst GPs may not work to rule, they may well say that more than 30 patient contacts a day is unsafe (as it might be) and they will almost certainly say they are not coming in on days when they aren't paid to do admin, as most partners do now.

In other words, under this model the buck for supplying GP contacts passes from the GPs back to their employer, which will be an NHS authority, who will have to provide enough GPs, and provide sickness cover, maternity cover and all the other things GPs themselves organise now.

That model may well require many more GPs than now. The service might be better (maybe) and GPs will not be so burned out, and may make fewer mistakes (maybe) but it is also likely to be more costly (almost certainly).

And will there still be perverse incentives? That's entirely possible depending upon how the salaried contract is negotiated - and it cannot be open-ended. This risk has to be

understood before suggesting any such service.

In reality then there is no good model of supplying GP services from an economic perspective. I know I have significantly summarised things here but each model is flawed in some way, which is my whole point.

Of course, an alternative is to do away with GPs altogether. So, people could choose to go to see a specialist without having to see a GP first. Wes Streeting has strongly hinted this might be what he is thinking. France has a model a bit like this.

But in that case who does the person who has the typical GP presentation of 'tired all the time' go to? Without the advice of a generalist, who do they refer themselves to? And worse still, what about the old person 'off their legs' (as it is commonly put)? Who are they going to?

Come to that - what is the cause of dizziness (another commonplace presentation, I am told) that the patient can readily diagnose and then self-refer themselves to a specialist about? Expert help would be needed to decide that. The expert is called a GP.

So, we can have a system where people self-refer to specialists, but you will get enormous waste of specialist time as a result, and you might also get massive delays in finding a diagnosis, if you ever succeed.

The body is not the machine Wes Streeting seems to think it is. Or to put it another way, there is enormous power in generalism, which also has that all important capacity to tell the patient 'there really is nothing to worry about'. And GPs take the necessary risk of doing so.

So, what is Labour's answer to all this which will remove the murkiness that they have, wholly inappropriately, said exists under the terms of a GP contract that was, in its current iteration, largely a Labour creation? Who knows? They have not said.

In that case in my opinion Labour should have, in the first instance, found an answer to propose before speaking out. That is what Starmer said he was going to do when promoting solution focussed politics last week. He's already failed on that promise.

Second, Labour needs to realise that there is no perfect answer to this question, but the one thing that is certain is that to totally reorganise all GP services to abolish partnership-based supply now would create more NHS upheaval than anyone has created in 75 years.

And the last thing the NHS needs right now is an upheaval like that when the service is already pushing those working in it and those relying on it to their limits.

The third thing Labour needs to appreciate is that except in economic theory there are no perfect outcomes in the real world. Economic theory teaches there is such a thing as

equilibrium - where everything is optimal. But to be polite, that's utter nonsense. It never happens.

The reality is there is no optimal way to supply GP services. Right now a salary-led service would create untold chaos, so forget it, even if it is thought desirable. Keeping a GP service going is more desirable. That leaves two options: capitation and fee for service.

Totally unsurprisingly the existing GP contracts mixes these two because neither is optimal. So, most care is on a capita basis. But many things considered desirable e.g. vaccinations, are fee for service to make sure they happen. I simplify, but the point is compromise works.

The current GP contract is, then, suboptimal. But like democracy, which in its current iteration in this country is decidedly suboptimal, the service we get from the suboptimal arrangement we have is better than any of the alternatives readily available for the time being.

It should have taken Labour about 90 minutes to work that out. Then they might have thought a lot harder about telling patients that their GPs' have murky finances, casting a wholly unnecessary cloud in many cases simply, it seems, to fuel anger for no good reason.

I suggest then that Labour does what Starmer says it would do and begins to talk about solution focussed politics. In this case it has not, and has shot its mouth off wholly inappropriately when I strongly suspect it knows of no answer to the question it is posing.

Labour needs to do a lot better than this. It also needs to set the record straight on GP finances, and apologise before any harm is done because right now that harm is possible, and that's utterly unacceptable.

And before anyone says I am picking on Labour, I pick on Tories, LibDems and the SNP too. This is not about party politics. I just want some grown up, thought out, well reasoned politics from all parties, not just Labour. Is that really too much to hope for?