**List closure FAQs:**

We are aware that practices have started to receive their ballot papers from the BMA asking you to vote as to whether you are willing to consider collectively closing your list in response to the crisis in General Practice, in line with the motion that was passed at LMC conference in May which said:

*“That conference believes that the GP Forward View is failing to deliver the resources necessary to sustain general practice and demands that GPC ballot GPs as to whether they would be prepared to collectively close their lists in response to this crisis.”*

Many practices have approached us for more information. In response we have compiled a list of FAQs which we hope are helpful. We urge you to read this in conjunction with the FAQs sent out by the BMA and stress that in this ballot you are not voting to close your lists but to give GPC a steer as to whether you are willing to consider this action. This initial vote is to strengthen the hand of GPC when dealing with the Government. Only after a YES vote in this survey will GPs be balloted on whether they will actually close.

**Q: Why are we balloting for willingness to take action?**

A: It is beyond doubt that General Practice is in meltdown with dangerous levels of workload every day.  The public sector pay cap has meant that doctors have effectively taken a 22% pay cut in the last decade. In general practice this means the small business we run to care for our patients rapidly becomes unviable. Practices are closing across the county. All we have been offered is the totally inadequate GP Forward View and a couple of other sweeteners such as reimbursement of CQC fees. This is simply not enough to be able to provide the care our patients need.

**Q: Why are GPC proposing list closure?**

A: General Practice is governed by contract. Refusing to comply with many clauses in the contract, such as refusal to cooperate with CQC, would risk a breach notice. List closure however, if carried out on the grounds of patient safety, is allowed under the contract.

<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/manage-inappropriate-workload/list-management>

“A practice can decide not to register new patients, provided it has ‘reasonable and non-discriminatory grounds for doing so’, (such as protecting the quality of patient services.) In such cases, the regulations allow practice to refuse to register new patients (Schedule 6, Part 2, paragraph 17).”

Any action by medical professionals is only done with a heavy heart. In advising practices to consider list closure, our representatives are clear that this is a way of causing maximum disruption to the governments plans for the NHS, registering our disdain at their failure to adequately fund general practice, whilst causing no harm to our registered patients.

**Q: What should I say to patients?**

A: Be honest. Tell them we regret taking this action and do not do it lightly, but that the Government have not listened to years of warnings about the strain on General Practice and that now it is on the point of collapse. We have to do something to stop it breaking down altogether. We struggle to provide a safe service due to our workload and that this is not good for patients. Ask patients to support you, put a petition in the waiting room and ask them to write to their MP. Our patients are the strongest weapon we have in fighting for general practice. Tell them what you are doing and why.

**Q: My practice has a high turnover, if we close our list we will rapidly lose income.**

A: For practices like yours, consider deciding a minimum list size to sustain the service, then temporarily close your list until patient numbers had dropped below this. You could then re-open until your safe limit was reached, closing again and so on. Remember the aim is to highlight the dangerous working conditions we all face and the impact this has on patient care. You can still achieve this.

**Q: What about the patients who are not registered with a GP?**

A: GPs will remain able to see patients as temporary residents in emergency circumstances. We regret that this action will mean a delay in registering fully with a GP, but failure to act will lead to the collapse of General Practice which would mean a lack of access for all. As a profession we do not do this lightly, but the risk to our patients is greater if we do nothing. NHS England will still be able to allocate patients to closed lists, as is the case currently in many areas where all practices have closed lists. If this list closure happens nationwide however it causes a significant increase in workload for NHSE, as well as public embarrassment to the government.

**Q: I understand the need to take action but I am nervous.**

A: Of course. We are a caring profession who are reluctant to do anything to hurt or upset our patients. Having considered many options, we genuinely believe this is the best choice to cause maximum disruption for Government, but minimal harm to patients. The risk of continuing to provide care at this unsafe workload outweighs the risk of carrying out this action.

**Q: Why are we balloting for “collective” list closure?**

A: Because together we are much stronger and can have a much bigger impact. If we stand united across the profession, supporting each other we can make rapid gains. Uniting GPs across the country means we can deliver a stronger message and hopefully achieve our aims quickly.

**Q: What do you want the Government to do?**

A: There are many things that Government could do. These are some suggestions:

1. Enact BMA policy and fund the NHS to the level of comparable countries and at the same time increase the proportion of NHS funding which is allocated to General Practice to at least 15%.  In 2015 the UK spent 7.3% of GDP on the NHS. This is lower than most other European countries and is set to decease to 6.6% by 2020. The UK has fewer hospital beds per head at 2.8/1000 than the OECD overage of 3.3 and has fewer doctors and nurses per head than comparable developed nations. Despite this the NHS is regularly found to be the most cost effective health care system in the developed world. <http://www.commonwealthfund.org/publications/fund-reports/2014/jun/mirror-mirror>
2. Take responsibility for GP indemnity in the same way that they do for hospital doctors.
3. Allow patients to directly refer themselves for services such as antenatal, terminations of pregnancy, podiatry, physiotherapy, weight management programmes etc, to remove needless administrative burden from general practice.
4. Remove all of the hoops that we have to jump through to for example obtain the tiny pots of money in the GP Forward View. Funding must be made directly available for all practices.
5. Deal with the incompetence of companies such as Capita and NHS Property Services whose failures cause such time wasting in surgeries.
6. Sort out NHS Property Services so that they stop wasting practices time with repeated premises surveys and sending unjustifiable service charge bills.
7. Attract doctors and nurses into General Practice, both young doctors and those who have left. Increasing doctors and nurses will help decrease the workload which 84% of us have said undermines our ability to provide safe patient care and enable us to provide a safe service for patients.<https://www.bma.org.uk/news/2016/november/workload-strain-compromises-patient-safety-finds-survey>
8. Confirm the residency status of all non British born doctors and nurses immediately so that they remain here making their vital contribution to our health service.

Supported by:

Dr Rachel Ali, GP.

Dr Jackie Applebee, Tower Hamlets GP.

Dr Susie Bayley, GP Derbyshire.

Dr Naomi Beer, Tower Hamlets GP

Dr Naureen Bhatti, Tower Hamlets GP.

Dr Kambiz Boomla, Tower Hamlets GP

Dr Katie Bramhall-Stainer, GP Herfordshire

Dr Russell Brown, GP

Dr Prit Buttar GP Oxfordshire.

Dr Stephanie de Giorgio, GP

Dr Louise Irvine, Lewisham GP and Chair Save Lewisham Hospital Campaign.

Dr Penelope Jarrett, GP Southwark

Dr Anna Livingstone, GP Tower Hamlets.

Dr Gary Marlowe, GP Hackney

Dr Pamela Martin, GP Lewisham.

Dr Matt Mayer, GP.

Dr Ben Molyneux, GP.

Dr Zoe Norris, GP Hull.

Dr Fiona Sanders GP Hackney.

Dr Gerard Reisman GP Newcastle and North Tyneside.

Dr Ron Singer, retired GP.

Dr David Wrigley, GP in Lancashire.

Many of the signatories sit on GPC or the LMC or both. All are signing in a personal capacity.