

LMC Update Email
5 November 2021

Dear colleagues

Indicative ballot of practices on potential action

Further to the resolution passed in the recent [emergency GPC England meeting rejecting the Government and NHSE/I 'support plan'](#), we have this week launched an [indicative ballot](#) of all practices in England asking what actions practices might be prepared to take.

As these questions relate to the practice contract this ballot requires a practice level decision. We therefore request each practice provides ONE response to the ballot on behalf of the practice.

While the liability of any decision rests with the partnership, we strongly encourage practices to discuss the indicative ballot options with salaried and locum GP colleagues, practice managers and others working within the practice, since any future industrial action would affect all the workforce within the practice.

It is important that as many practices as possible submit their views in order to provide GPC England with the insight they need to make decisions on next steps. Each practice with a BMA member has a vote. The deadline to vote is **14 November**. You can cast your vote [here](#).

The ballot asks whether practices are prepared to take action in five key areas which are to:

- participate in a coordinated and continuous withdrawal from the PCN DES at the next opt-out period
- disengage, on a continuous basis, from the PCN DES before the next opt-out period
- not comply, on a continuous basis, with the contractual requirement to ensure GPs earning over the earnings threshold declare their income
- not comply, on a continuous basis, with the contractual requirement to provide COVID vaccination exemption certificates
- participate in a coordinated and continuous change to your appointment book, so as to impact the quality of the nationally reported appointment dataset.

Despite all attempts to work on a solution focused package backed by the profession and to put in place a plan that really would improve access, quality of care, free up time by reducing bureaucratic workload and enable practices to properly care for their patients over this expected difficult winter, the Government's 'access and support plan' has failed to address these and instead could create further bureaucracy and further demoralise the whole workforce across England.

At this time we must support one another and stand together. The BMA will do all in its power to back GPs.

Read more and access the ballot [here](#).

Read our [analysis](#) of what the Government and NHSE/I package means for practices.



Media

Last Friday, the BMA [issued a statement](#) about our upcoming indicative ballot of GP practices, which was emailed to members on Monday. The story, and BMA's rejection of the Government's 'support package', was covered in the [Mail Online](#), [GPonline](#), [Pulse](#) (also [here](#)), [Pulse](#) (also [here](#)), [GPonline](#), [Medscape](#), [Times](#) and [GPonline](#). The [Guardian](#) and [i news](#) also covered the story, in conjunction with the BMA's comments regarding the Autumn budget.

GP earnings threshold

Due to the imposition of contract regulations in October 2021, it is now a contractual requirement to ensure [GPs earning over the earnings threshold \(£150k\) to declare their income](#).

Declarations apply to GP partners, GP subcontractors or locum GPs operating under the core contract and earning above the income threshold, and if they fail to declare their earnings, then the practice will be in breach of its core contract. If the practice refuses to deliver a service that is required within the contract/regulations, the practice will be in breach of its core contract.

Individuals employed by the contractor or employed by a sub-contractor (including where a locum GP is engaged by a third party to provide services) are not within scope and so do not need to declare their earnings. Therefore, salaried GPs and those who are employed by a contractor or sub-contractor, which is a company, and the individual is not named on the contract or sub-contract, will not need to declare their earnings if above the threshold. Company directors are also not included unless they fall under the definition above.

If the practice breaches its contract, the Commissioner can take action against the practice and the BMA cannot prevent them from doing this due to the inadequacy of trade union laws in protecting GP Partners.

Through the act of self-declaration, the individual will be consenting to publication. Individuals should therefore carefully consider the implications before self-declaration. We believe this policy provides no benefit to patients, but will potentially increase acts of aggression and abuse toward GPs and practices. It will be damaging to morale among the profession and wholly counterproductive in terms of the ability to recruit and retain GPs. We have already received reports of GPs reducing their hours to remain under the threshold which will therefore impact patient access to services at a critical time for the NHS. We believe the position the government and NHSE/I have taken on this matter, singling out GPs alone rather than applying this requirement to all other healthcare professionals, is completely unacceptable. We will continue to do all we can to address this. Read more about the consequences of taking this action or not in our [here](#)

QC advice on holding undated PCN DES resignations

We have updated the attached briefing with advice from leading Queen's Counsel on LMCs lawfully being able to hold undated PCN DES resignations, to include advice on whether it would be lawful for LMCs to encourage practices to submit undated letters of withdrawal from the PCN DES.

Response from the Secretary of State on the Government 'access package'

Following the emergency GPC England meeting on 21 October [we wrote to the Secretary of State for Health & Social Care](#) to highlight the BMA's concerns about the government's GP access package. We outlined why the existing package had been rejected and was insufficient to meet the needs of patients or adequately support GPs and practice staff. We made it clear that the recent imposition of contract changes meant we consider that we are in dispute. We also stated that GPC England's resolutions in relation to the access package meant the BMA would now be carrying out an indicative ballot of GP members.

This week we received a response from the Secretary of State who praised the work of general practice and outlined measures to address abuse of NHS workers. However he did not address our key concerns reading the lack of measures to reduce bureaucracy, resourcing premises and providing more support in an accessible way. We will continue to lobby the Secretary of State and Government to what is really needed for GPs and practices, as we progress with the indicative ballot.

GPC England chair stepping down

After being a member of the GPC negotiating/executive team for over 17 years, and chair for GPC England and GPC UK for 4 ½ years, I have decided it is time to step down when the committee meets for the first meeting of its delayed annual session on 18 November. With the need to begin planning for a new contract as we approach the fourth year of our current five-year agreement, it is now time for a new chair to take on this role and be given the opportunity to do this.

Being chair of the BMA's GP committee has been the greatest privilege and honour. To be able to work on behalf of this great profession for so long has given me the opportunity to work with many extremely gifted and dedicated people and I want to thank them all for their help, support, and encouragement. Together we have achieved a lot including significantly increasing the investment for general practice after a time of austerity, including £2.8bn as part of the five year contract package, turning around the decline in GP pay, removing the burden of indemnity, improving the quality of care for patients with long-term conditions, enabling the recruitment of a growing multidisciplinary team to work with and support GPs - including pharmacists in practices - funding to help young partners and most recently supporting GPs and practices through and COVID-19 pandemic and enabling GPs to play a leading role in the hugely successful delivery of the COVID-19 vaccination programme. I'm proud of all we have accomplished.

I have been overwhelmed and humbled with the many messages I have received this week and I want to thank everyone for their kindness and thoughtfulness.

There is so much more to do, at such a critical time for the profession, and I wish my successor all the best in delivering that. Read my full statement [here](#).

Media

The story was covered by [Pulse](#), the [Health Service Journal](#), [Yorkshire Post](#) and [Yorkshire Evening Post](#) (also in print), the [Telegraph](#), [Medscape](#), [GPonline](#), the [Times](#), and [Healthcare Leader](#). Pulse also had an [Editor's blog](#).

Conference of England LMCs agenda

The [Agenda](#) for the 2021 Conference of England LMCs to be held 25 and 26 November 2021 has been published today. This is the fifth LMC England Conference, and we are pleased to continue building on the success of previous years in providing a focused space to debate important and pressing issues for GPs across England. It will be a fully virtual event. Read more [here](#)

Supporting general practice against abuse

The BMA continues to campaign against abuse of GPs and their staff with a number of resources available on [Support Your Surgery campaign](#) page, in order to get the changes that are so urgently needed to support general practice teams.

Please continue to show your support by signing the [Support Your Surgery petition](#) to put pressure on the Government to support general practice and use our resources to explain to patients why

practices need to work in the way they are doing in order to protect patients from a rising incidence of COVID-19 and to make the best use of the available but limited workforce.

You can also get involved in the [#SupportYourSurgery social media discussion by](#) sharing your support across social media.

Please do all you can to help us defend and support general practice at this critical time.

Use our [template letter](#) to write to your local MP to outline the current pressures being faced by GPs across the country.

Share our [template letter](#) amongst your local patient groups.

Our [GP campaign factsheet](#) can also be used to rebut the misinformation in the media and to proactively include in social media posts, letters to the local press or MPs.

BMA Virtual GP parliamentary drop in event

As part of our GP campaign, we held a virtual parliamentary drop in event this week to address the scapegoating of general practice in the media and to provide MPs with the facts about how general practice is meeting the needs of its patients, and what more government must do to support GPs to meet the growing demands placed upon them.

The event which was attended by over 20 MPs and their staff from across the political parties included helpful discussions on overall access to general practice; what MPs could do to support practices in their local areas - including tackling abuse; what was missing from the access package; and how recent statistics showed that GPs are doing more than ever, despite receiving insufficient resource and support to meet this growing demand.

We will be following up with attending MPs in the coming days to ask them to further support our campaign both within parliament and within their local constituencies.

This was reported by [Pulse](#)

TPP access to records

As part of the accelerated access to records programme, practices will have seen communications about patient access to records held in TPP SystemOne is planned to go live in December, with EMIS and Vision to follow in 2022. GPC England has been engaged in discussions on this and have expressed significant concerns, including the timing of the launch during winter months, with anticipated unprecedented demand adding to patient safety risks that would result from a December rollout. We are seeking a pause to ensure the views of the profession are better represented and the programme delayed until there is appropriate time to work through our list of concerns.

New GP workforce data (England)

The latest [GP workforce data](#) in England for September show the continuing contraction of the General Practice workforce, which the Government's clearly failed to acknowledge in its 'rescue package'.

September's data shows only a total increase of 42 FTE GPs compared to the previous month – which is an increase of 99 fully qualified GPs set against a loss of 57 trainees. This increase is clearly

insufficient to cope with the current workload, with the enormous jump in [GP appointments](#) in the last month alone (up by 4.7 million, from 23.9 million to 28.6 million).

General practice is now the equivalent of 1,704 fewer fully qualified FTE GPs than 2015 levels. Over the last year (September 2020 to September 2021) general practice has lost 154 fully qualified GPs (a gain of 759 salaried and locum, set against a loss of 913 partners), and 282 fully qualified FTE GPs (430 FTE Partners set against a gain of 148 FTE Salaried).

Meanwhile, the number of patients continues to rise, which means the number of fully qualified GPs per 1,000 patients in England is likely to further fall soon (currently 0.45, compared to 0.52 in 2015) Full analysis can be found on the BMA's [Pressures in General Practice](#) webpage. Read our [press statement](#).

The [Eastern Eye](#) reported on [Sajid Javid's statement to the health select committee](#) when asked if the government was on track to implement the pledge of 6,000 GPs - "No. I'm not going to pretend that we're on track when we are clearly not." In response to this I said: "while the health secretary's admission today is long overdue, it is absolutely not news to GPs and their colleagues working in surgeries across the country that have been decimated by workforce shortages. "The bottom line is we are haemorrhaging doctors in general practice. While more younger doctors may be choosing to enter general practice, even more experienced GPs are leaving the profession or reducing their hours to manage unsustainable workloads." [The Times](#) and [Healthcare Leader](#) also reported on the fall in GP numbers.

Urgent workforce support required in Scotland

BMA Scotland has asked for urgent and renewed focus on recruitment and retention of GPs in Scotland, as it published a [survey of practices](#) which demonstrates the huge challenges being faced.

The survey shows in stark numbers the level of activity GPs are grappling with – which suggests well above 500,000 appointments were provided in one week at the start of October. On these figures, that is the equivalent of 10% of Scotland's population consulting with general practice every single week. All practices which were surveyed stated they were carrying out face to face appointments every day. The [Scotsman](#) reported on this and quoted Dr Andrew Buist, chair of GPC Scotland.

Scottish GPC update for LMCs

The latest update from SGPC to LMCs is attached and provides information following the recent SGPC meeting.

NHS Confederation – an open letter to primary care

The chair of NHS Confederation, Lord Victor Adebawale, has written an [open letter](#) to everyone working in primary care. He says:

'I want to say thank you on behalf of this organisation to everyone who works in primary care. You don't need me to tell you how challenging the past 20 months have been. Primary care has met those challenges head-on, rapidly adapting to new ways of working and managing nearly 250 million appointments from January to August.

We know that primary care is a team sport. You have worked together across practices, primary care networks, primary care federations, at place level, and you are taking up the mantle as the drivers of system working too.' Read the full letter [here](#)

BMA COVID-19 data analysis

The latest BMA COVID-19 data analysis is attached.

BMA Private Practice Committee 2021 elections – GP representative (UK)

Nominations for a GP representative to the BMA's Private Practice Committee 2021 have opened and will remain open until 12pm Monday 8th November. Submit your nomination [here](#)

To submit your nomination please go to <https://elections.bma.org.uk/>

Do not provide and/or perform primary medical services under the National Health Service Act 2006 (and/or the equivalent legislation in the devolved nations) and who earn 75% or more of their income from private general medical practice and are engaged in private general medical practice to the extent of at least 20 hours per week. You have to be a BMA member to apply.

If you have any issues please contact the elections team elections@bma.org.uk

BMA Webinar - The Health and Care Bill

The BMA is holding a member [webinar on the Health and Care Bill: What it means for you and what you can do about it](#) – on Wednesday 17th November, 7-8pm.

The BMA believes that if this Bill is passed, it will usher in drastic changes to the NHS in England, impacting the working lives of doctors, and that urgent and significant changes must be made to it.

[Register now](#) to attend this event to learn more about the Bill and what you can do about it.

If you have any questions about the event, please contact tbramwell@bma.org.uk.

For further information about the Bill and the BMA's work in this area, visit: www.bma.org.uk/hcb

MediaGP Appointment data

Responding to the latest set of [GP appointment data](#) in England which shows that the number of appointments have increased by 4.7million over the last month and face-to-face appointments have risen by over a quarter, I said: "The enormous jump in appointments in general practice in the last month, up by 4.7million, is a clear sign that GPs are working harder than ever to see as many patients as possible and clear the backlog. This is a testament to the dedication of GPs and practice staff who are going above and beyond to deliver care in exceptionally difficult circumstances, amid a persistent decline in the number of GPs² and the implications of Covid safety measures on how care can be delivered." Read my full statement [here](#).

This was also covered by [Mail Online](#), The Express (print), [Business Telegraph](#), [Yahoo News](#) and hundreds of [regional outlets](#).

Changing face of General Practice

Over the past few weeks, the BMA media team has been working closely with the [Financial Times](#) (behind paywall) on a feature on the changing face of General Practice. Several members of GPC were interviewed for the feature including Dr Krishna Kasaraneni, Dr Ben Molyneux, Dr Euan Strachan-Orr, Dr Iain Kennedy, and Dr Christine Clayton. The article covers a number of themes, demonstrating some of the challenges of working in general practice.

Northern Ireland - booster rollouts, flu season and vaccine passports

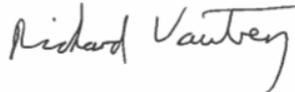
NIGPC chair Dr Alan Stout was interviewed on [BBC Nolan Show](#) about delays to the Covid booster vaccine roll-out. Dr Stout was also interviewed in Friday's [Belfast Telegraph](#) and Saturday's [Health and Life News](#) about the arrival of flu cases in Northern Ireland hospitals. Comments made by NI Chair Dr Tom Black and NI GPC deputy chair Dr Frances O'Hagan earlier in the week about vaccine passports were included in a piece in the [Irish News](#) about a local coffee shop owner who compared vaccine passports to Troubles-era segregation. Both Dr Black and Dr Stout were also quoted in the [Belfast Telegraph](#) in a piece about pressures at the Royal Victoria Hospital's ED.

Read the GP bulletin [here](#).

We would encourage LMCs to share this GPC update with GPs and practices.

Best wishes

Richard

A handwritten signature in black ink that reads "Richard Vautrey". The signature is written in a cursive, flowing style.

Richard Vautrey
Chair, BMA GPs committee