

LMC Update Email

6 May 2022

Dear colleagues

For clarity, I thought it would be useful to add some greater context to the position of GPCE exec around the [Network Contract DES \(PCN DES\)](#). We entered negotiations with NHSE in January 2022 with the intention of securing extra support and resource for practices to recognise the increasing workload and expenses. These requests were ignored by NHSE, and they subsequently published their [changes to the contract](#) without our agreement in late March 2022.

When NHSE published details of the contract changes and PCN DES, there were ambiguities that LMCs asked us to clarify after our contract webinars, and we wrote to NHSE outlining our position on these areas. Subsequently, NHSE gave verbal and written advice that LMCs will now be familiar with, removing local flexibilities, and clarifying the indivisibility of all parts of the PCN DES. GPCE communicated these points to practices and LMCs, through the newsletter and further webinars, and have produced several [documents for practices](#) to review, outlining the benefits and disadvantages of staying in the PCN DES, and those of leaving the DES.

The opt out window has now closed but our lobbying of NHSEI for greater flexibility and support continues unabated. We also plan for and ask that LMCs to lobby local and regional commissioners for local flexibility to ensure safe patient care within the workforce compliment practices have available to them. We will develop further guidance for practices on how to work within the constraints of the PCN DES in a way that is effective for practices and safe for patients, as further details emerge.

PCNs have until July to agree plans for extended access with their CCG, and GPCE have requested from NHSE/I that another opt-out window be opened so that practices who cannot agree a delivery model with their local commissioner, which is safe for both patients and the limited number of primary care staff we have, can withdraw from the DES.

Read more in our [guidance about the contract changes](#) to support practices in their decision making.

Practices should take into account safe working levels from both a workload/staffing and patient perspective, bearing in mind the [BMA's safe working guidance](#).



GP workforce and appointment data

The latest [GP data](#) releases on workforce and appointment bookings (both for March 2022) show that while appointments in England were up by 4 million, GP numbers continued to spiral downwards. Compared with this time a year ago, England has the equivalent of 369 fewer full-time, fully qualified GPs – having lost 30 in the most recent month alone. This means each day there is one less doctor for patients to see. On top of that, we have lost almost 1,600, fully-qualified, full-time equivalent GPs since 2015 (when the current collection method began). *Read our analysis about pressures in general practice on our analysis webpage [here](#) and the full BMA statement [here](#).*

This trend, of demand rocketing while we haemorrhage doctors, is pushing the remaining staff to breaking point as they take on more and more each day, to a point which is not safe for them and certainly not safe for patients.

In addition, the March release of the appointments dataset includes for the first time statistics on: the duration of appointments, SDS role and the recorded national category, service setting and context type of the appointment. Further information can be found [here](#).

As the appointment length metric refers to ‘work planned’ rather than ‘work done’, it will likely under-record the length of an appointment as the way in which appointment length is logged will vary by software system and from practice-to-practice, which means those appointments logged as only a few minutes may not accurately reflect the time taken to see a patient – let alone any follow up done by the GP. NHSD is aware of this issue and we are working with them to improve this metric.

What is your diagnosis for general practice? #RebuildGP

The [Rebuild general practice campaign](#) continues to tackle the crisis facing general practice. Last week, GPs from across Great Britain called for government support to recruit and retain doctors in general practice. Watch the film [here](#).

The film was released alongside new data highlighting how workforce and workload pressures are impacting the mental health of GPs. This includes 84% of GPs have felt symptoms of anxiety, stress or depression because of their job in the last year.

There has been considerable interest from both national and regional media outlets, but we need your help to amplify the message and make the campaign a success. Show your support by sharing the video on [social media](#) and using the **#RebuildGP**. You can also follow and share content, news, and updates on the campaign [Twitter page](#)

GP abuse

A UK-wide [survey](#) by the Medical and Dental Defence Union of Scotland found that three out of four GPs reported facing increased patient abuse during the COVID-19 pandemic.

Although the pandemic has placed almost incomprehensible stress on the NHS, its staff and the general public and has caused pain and distress beyond anything we could have imagine - for doctors to be the brunt of violence and abuse in this way is wholly unacceptable. It is no surprise that GPs feel as undervalued as they do and are considering leaving the profession, as this report and multiple BMA surveys have shown.

This deeply disturbing trend must be addressed. The Government must not only be honest with the public about what general practice can achieve right now - given the chronic workforce shortages, backlog, and lack of resource - but also actually support the profession so that we can provide the kind of care we want to. Read the full [BMA statement](#)

General Practice Pay Transparency

We have continued to raise our concerns about earnings declarations for GPs with the Department of Health and Social Care (DHSC), and following confirmation that the implementation of general practice pay transparency would be delayed, amendments to the GP Contract Regulations have now come in to force to remove the requirement to make a self-declaration of 2020/21 NHS earnings by 30 April 2022. Individuals within scope of the pay transparency provisions therefore do not need to take any action, and commissioners should not seek to enforce this contractual requirement.

With GPs continuing to face such intense pressures, we have been clear that this policy was likely to be counter-productive. Although we are pleased that these plans are being delayed, we are disappointed that these amendments were *'made with the expectation that this policy will resume at a later date'*, and we will lobby for this requirement to declare earnings to continue to remain suspended for 2022/23 as well. Read our [guidance on GP earnings](#).

Health and Care Bill becoming an Act

The [Health and Care Bill for England](#) has now [received Royal Assent](#), meaning it is now an Act of Parliament. The BMA has said consistently that this is the [wrong bill at the wrong time](#), which completely fails to address the main problems the NHS and our members are facing: too few resources, a crisis in social care and crucially, a huge shortfall of staff.

While we have seen some concessions from the Government – responding to our calls for greater protection from private providers influencing commissioning decisions via membership of NHS decision-making bodies, and safeguards to help prevent undue political interference in the running of local health and care services - we are [dismayed](#) that ministers have ultimately failed to listen to frontline workers and demonstrate its commitment to safely staff the NHS and care services.

As the Bill now becomes an Act the BMA will continue to campaign for a publicly funded, publicly provided and publicly accountable NHS that gets the investment it needs, is properly staffed and protects the health and wellbeing of its workers so they are able to provide the high quality and timely care that patients deserve.

You can find out more about the changes, what they mean for you and our work on the Bill [here](#).

GPFR pilot

A new pilot is starting in May to trial a replacement to the existing [GPFR](#) (General Practice Factual Reports – also known as DS1500 or the PIP form), which GPs are asked to complete to support patients' claims for Personal Independence Payment. The new form is designed to be quicker and easier for GPs to complete, whilst still capturing the information needed. The trial will run for six months and DWP hope that GPs will engage with it and provide any helpful feedback and comments they may have on the new form. During the pilot GPs may sometimes receive the existing GPFR and may sometimes receive the version being trialled.

LMC UK conference 2022

The Agenda for the [2022 UK LMC Conference](#), which takes place on *10 and 11 May* in York, has now been published: [uk-lmc-conference-agenda-22-april-2022-final.pdf \(bma.org.uk\)](#)

The Conference will be webcast live - for more information see here: [Local medical committees](#)

Please send any queries to info.lmconference@bma.org.uk

GPC ARM elections

We are seeking nominations for 10 seats on [GPC UK](#) for a one-session term. At least one seat will have their principal place of work in England, one in Northern Ireland, one in Scotland and one in Wales, and be elected by the RB as a whole. [Find out what you can expect as a committee member](#)

To stand in this election, you must be a BMA member and have a BMA online account.

Nominations will close at 10am on Monday, 27 June. [Nominate yourself at elections.bma.org.uk](#)

Voting will take place during the [ARM](#) on 27–29 June. Voting is open to delegates of the ARM only.

Read the latest GP bulletin (England) [here](#)

Read the latest sessional GPs Newsletter [here](#)

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

Dr Kieran Sharrock (GMC 4415314)

Deputy Chair, GPC England

British Medical Association

T: 07554 512581 | E: ksharrock@mybma.org.uk

BMA House, Tavistock Square, London WC1H 9JP