

LMC Update Email  
29 July 2022

Dear colleagues

### **GPC England meeting update**

GPC England met last week for the first time in the new session, and the meeting was opened by Dr Farah Jameel, GPC England Chair who welcomed the newly elected speaker, Dr Brian McGregor. Dr Jameel thanked Dr Zoe Greaves, the previous speaker, for her role as speaker over the past year, as well as the new members of GPC England. The Speaker congratulated Dr Samira Anan and Dr Bethan Roberts as the newly elected co-chairs of the Sessional GPs Committee, and Dr Euan Strachan-Orr as the outgoing Chair of the GP Trainees Committee.

Members passed the following resolution proposed by Dr Karthik Bhat and Dr Chandra Kanneganti:

“That this committee rejects the derisory and divisive pay award for 2022/23 announced by the Government, and gives the GPCE Executive team the mandate to immediately escalate discussions with BMA Council with a view to potential collective/industrial action on behalf of all GPs across England.”

### **Join the GPC England Officer Team**

Following a recent decision at GPC England, the GPCE Executive Team (made up of a chair, a deputy and two executive team members) has become the GPC England Officer Team (made up of a chair and three deputies). This brings the leadership structure of GPC England further in line with what is standard practice at the BMA and ensures parity of esteem between the Officer Team. It will not impact the function of the Team.

There is a vacant position on the GPC England Officer Team. Following a recent decision at GPC England, this position shall be elected to ensure democratic accountability.

GPs who are members of the BMA are eligible to stand. The electorate are the voting members of GPC England.

Nominations are now open for this position and candidates should submit their nomination online via the BMA elections portal, accessible [here](#).

To nominate themselves, candidates should submit a 500-word candidate statement. They should complete a conflict of interests form as part of their nomination.

There will also be a virtual husting on Tuesday 9 August which all candidates and the voting members of GPC England will be invited to attend. Candidates will be able to give a 5-minute speech during this husting.

Candidates may nominate themselves at [elections.bma.org.uk](https://elections.bma.org.uk). Nominations will remain open until **12pm Monday 8 August**.

Further information about the role, including a role profile, the required time commitment, and the TCS are available upon request by emailing [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk).

If you have any questions about the election process, please email [elections@bma.org.uk](mailto:elections@bma.org.uk).



**DDRB announcement**

The recommendation from the [Review Body on Doctors' and Dentists' Remuneration](#) (DDRB), and [subsequent decision from Government](#) published last week, was a 4.5% increase. This falls far below current levels of inflation, which are expected to reach 11% this year. In real terms, this amounts to the wages of overworked staff being cut by more than 6%.

Astonishingly, the increase excludes GP partners in England who are locked into a five-year contract deal agreed pre-pandemic in 2019. Consequently, there will be no funding increase to meet recommended pay awards for other staff. This decision occurred despite the DDRB clearly urging the Government to consider the impact of omitting those on multi-year deals from this year's announcement, and stressing the "harm that may be caused to recruitment, retention and motivation by not acting".

At a meeting of the GPCE (GP committee England) last week, members passed a resolution rejecting the pay award and committing BMA representatives to further discussions around next steps, including potential action short of industrial and industrial action itself.

For GPs who have spent the last two years pulling out all the stops to continue caring for their communities – often to the detriment of their own health and wellbeing – only to be left repeatedly unsupported and publicly admonished by Government and policymakers, this announcement only served to demoralise and devalue GPs ever further at a time when they are already feeling down and on the brink.

Without greater understanding and urgent support from Government, significant numbers of practices will fold and many patients will have no access at all to the care that they need. With spiralling costs, record demand and GP and staff workforce shortages across the board, we know practices across the country are already struggling to provide safe care. In what is fast becoming a consistently callous way, the Government has ploughed on regardless, actively choosing a path that compromises patient safety ever further. Doctors across the profession, and colleagues across the NHS, find it unfathomable just how completely out of touch this cabinet is. Given the experiences of those fighting an uphill battle on the ground, the message is being heard loud and clear – enough is enough.

Read my full statement [here](#)

Read all BMA statements about the announcement [here](#)

**Workforce**

- **Health Foundation report on GP workforce projections**

The [Health Foundation report on GP workforce projections](#) was published last week, which shows that there is a GP shortage of at least 4,200 short as things stand, and set to rise steeply over the next decade.

- **Pressures in general practice data analysis**

Data has been released today to highlight the workforce and working patterns and appointment numbers to help build a picture of the level of strain GP practices in England are under.

These are the headlines:

#### GP Workforce - June 2022

- The NHS has lost the equivalent of 69 full-time fully qualified GPs compared to the previous month (May 2022).
- In the last year alone there has been a decrease of 442 full-time equivalent fully qualified GPs. 367 of this is in the GP Partner group, which means GP Partner loss accounts for over 80% of the FTE fully qualified decrease.
- We now have the equivalent of 1,806 *fewer* fully qualified full time GPs than we did in September 2015 when this dataset began - despite the average number of patients each GP is responsible for having increased by around 300 – or 16% - since 2015.
- On a headcount basis, over the last year we have seen 358 GP Partners and 512 salaried, locum and retainer GPs lost, creating a net loss of 870 individual GPs from the NHS since June 2021.
- Meanwhile, there is a record-high total of 61.8 million patients registered with practices across the country, with a record high average of 9,538 patients registered per practice.

#### GP Appointments Booked – June 2022

- The no. of standard (non-covid) appointments booked has seen a decrease of 1.7 million appointments from 27.6 million in May 2022 to 25.9 million in June 2022. One explanation for there being a decline in the number of appointments could be the Jubilee bank holidays at the beginning of June, which meant that the number of working weekdays were fewer in June compared to May (there was only one bank holiday in May).
- The no. of vaccination appointments has fallen by close to two thirds, from 736 thousand in May 2022 to 278 thousand in June 2022– this is likely due to uptake of the Spring Booster for those over 75 or with compromised immune systems having received their vaccines, and rollout not yet extended to other groups.
- Combined, the total number of appointments booked in June 2022 (26.2 million) has decreased by 2.1 million in comparison to the previous month.
- In terms of access, over 44% of appointments in June were booked to take place on the same day which is consistent with the previous month.
- The ratio of F2F / remote appointments remains similar, with around two thirds (65%) of appointments booked to take place F2F.

#### [Read further information related to GP Analysis >](#)

[Read the response from Dr Samira Anane, education, training and workforce policy lead](#)

For more information, please contact Jenny Haigh, Senior Policy Advisor, [jhaigh@bma.org.uk](mailto:jhaigh@bma.org.uk) and Aarti Gokal, Policy Advice and Research Officer, [agokal@bma.org.uk](mailto:agokal@bma.org.uk)

#### **GP patient survey**

The [GP Patient Survey \(GPPS\) report](#) has now been published, which found that the proportion of patients having an overall 'good' experience of their GP practice has decreased by over 10 percentage points, dropping from 83% in 2021 to 72% in 2022. This further highlights the strain that general practice is under and the need for urgent action by the government to relieve the pressure on general practice.

Dr Farah Jameel, GP committee chair, said: "It's only right that patients expect and deserve high-quality, timely care whenever they interact with their GP practice, and we share their frustration when this doesn't happen. We too feel dissatisfied after years of under-investment, ever increasing workload, and a Government who has not been listening to us.

The fall in patient satisfaction with making an appointment is a stark reflection of the capacity shortfall that general practice is facing. General practice appointment bookings reached record highs over the winter of 2021, but we still lack enough doctors to safely meet demand. There has been a failure of successive Governments to recruit enough GPs, and crucially retain those we've already got, leading to those staff that remain being forced to plug the gaps in the service."

Read the full BMA statement in response [here](#)

### **Unagreed 2022/23 PCN DES requirements**

At a recent GPC England (GPCE) and NHSE/I Operational Group meeting, NHSE/I representatives confirmed that where PCNs and ICSs (integrated care systems) cannot agree on safe enhanced access arrangements for [the new 2022/23 PCN DES requirements](#) due to insufficient resourcing, GPCE can escalate this to NHSE/I to resolve with local commissioners.

They confirmed that they are committed to working with local and regional commissioners to do everything possible to help find an alternative safe solution. Subcontracting was one of the potential options pinpointed, although GPCE representatives highlighted at the time that that isn't always a viable option for every locality/region. This was acknowledged as a problem for at least some areas. NHSE/I representatives also confirmed there is no intention to penalise any PCN, or its constituent practices, that has not been / is not able to agree a safe solution with the ICS.

Subsequently, GPCE is seeking intelligence and examples from LMCs where PCNs and ICSs have not been able to agree so that they can be compiled as a body of evidence emphasising that, as originally outlined by GPCE earlier this year, the imposed additional PCN DES requirements are unworkable. This will then be escalated nationally for appropriate resolution. Please send information to [info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk). BMA staff may need to revert back to the LMC to ensure we have all relevant information and permissions before sharing with the primary care contracting team at NHSE/I.

### **Flu vaccines**

The Department of Health has announced an [extension of the cohorts for the 2022/23 flu programme to include 50–64-year-olds](#). Unlike in previous years, there will not be a central supply to cater for these extra patients, and instead NHSE/I will be looking at 'local procurement' routes.

There will be a phased introduction for the additional cohort, with 50–64-year-olds being eligible from October, when there is anticipated to be greater availability of vaccines for this group. Due to manufacturing processes and commissioning arrangements, some vaccines may only be available in limited quantities. Therefore, NHS England has recommended that orders are placed with more than one manufacturer to ensure providers receive sufficient stock.

We are continuing to discuss the practicalities of this with NHSE/I in order to minimise the disruption and additional workload that it may bring for practices

Read the NHSE/I [flu vaccine reimbursement letter](#)

**[Investigation of deaths in the community/Primary Care](#)** – Virtual Conference 28 September 2022  
Healthcare Conference UK is holding a virtual conference on *Investigation of deaths in the community/Primary Care* providing practical guidance for investigating and learning from deaths in the community and primary care including learning from Covid-19, the extension of the Medical Examiner role to cover deaths occurring in the community, and the role of the GP in working with the Medical Examiner to learn from deaths and to identify constructive learning to improve care for patients. You will hear tips and advice for working with and involving families when a death occurs, implementing the new Patient Safety Incident Response Framework: learning from a primary care early adopter, and supporting staff following incidents that result in death. **Access the full programme, speaker line-up and book [here](#)** (a **20% Discount\*** is available with code *hcuk20bmagp*)

**[The Caldicott Guardian & Principles in Primary Care](#)** – Virtual Conference 4 November 2022  
Healthcare Conference UK is holding a virtual *conference on the National Caldicott Guardian in Primary Care*. The conference will be chaired and has been produced in association with Christopher Fincken, past Chair and member of, The UK Caldicott Guardian Council, and will include national developments and local case studies in information sharing and the role of the Caldicott Guardian in Primary Care. The conference will bring current and aspiring Caldicott Guardians together to understand current issues and the national context, and to debate and discuss key issues and areas they are facing in practice. **Access the full programme, speaker line-up and book [here](#)** (a **20% Discount\*** is available with code *hcuk20bmagp*)

### **Best Practice Show, 12-13 October 2022, NEC Birmingham**

This year the BMA and GPC England will be at [Best Practice Show](#), UK's number one event for the primary care and general practice community, at the NEC Birmingham on 12-13 October 2022.

Free for healthcare professionals, the conference programme will provide up to 12 hours of CPD certified training, expertly tailored to meet the training requirements of healthcare professionals, **with clinical content closely following the GP curriculum spearheaded by the Royal College of General Practitioners.**

The BMA and GPC England will have a dedicated theatre at the conference, with a programme focussed on the most pressing issues facing general practice, including the future of general practice, working within ICSs, workload management, workforce management (ARRS roles and multidisciplinary teams), primary care estates, and more.

The conference programme as a whole will address major policy topics impacting general practice, such as around access, health inequalities, digital innovation, and the GP contract. It was also cover range of clinical issues around areas such as cancer, dermatology, diabetes, gastroenterology, neurology, mental health, and cardiovascular disease. This year we'll also have a renewed focus on women's health and pain management as well as more content on immunisations.

If you are interested in attending, you can register [here](#).

### **GPC England committee pages and guidance for practices**

Read more about the work of the GP [Committee](#)

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@TheBMA / Twitter](#), [@BMA\\_GP / Twitter](#) [@DrFJameel / Twitter](#)

Read about BMA in the media: [BMA media centre | British Medical Association](#)

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

Have you got any information you would like to share via the GPC update to LMCs?

Email us on [info.lmcqueries@bma.org.uk](mailto:info.lmcqueries@bma.org.uk). Deadline for submissions for the next issue is Monday, 8 August.

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

Dr Richard Mellaerts  
Executive Officer, GP England