

Dear colleagues

### GP workforce shortages

There have been [reports](#) that the Prime Minister has omitted the Government's manifesto pledge to increase the number of GPs in England by 6,000 by 2024 from the Health Secretary's to-do list. If this is the case, the Health Secretary has been dispensed of the ultimate humiliation of admitting that the Government has failed in its manifesto commitment and should have the good grace to openly admit this.

Since the Government first pledged to grow the GP workforce, practices been decimated by workforce shortages, with GPs and their patients suffering the consequences. The latest [workforce figures for England](#) show that we have lost the equivalent of more than 1,800 full-time, fully qualified GPs since 2015. This long-term trend of decrease in GPs coincides with a rocketing demand with each practice having on average 2,131 more patients than in 2015.

In September 2022, there was a record-high of nearly 62 million patients registered with practices in England, with a record high average of 9,596 patients registered per practice. As a result, the average number of patients each full-time equivalent GP is responsible for has now reached 2,248. This is an increase of 310 or 16% since 2015, demonstrating the mounting workload in general practice. Read more about the pressures in general practice [here](#)

Ultimately, GPs and patients deserve more than broken promises. Instead of pulling the wool over our eyes, the Government should be open that it is failing in its manifesto pledge and talk to GPs about the solutions – to do nothing threatens to make this situation far, far worse.

Read the full [BMA statement on workforce targets](#)

Read our guidance on [Safe working in general practice](#) which is designed to enable practices to make decisions as to how to prioritise care, and deprioritise certain aspects of their day to day activity, within the confines of the GMS contract.

### Appointment data at practice level

GPC England has met with NHS Digital to discuss their plans to publish GP appointments data (GPAD), which will be published at practice level on 24 November 2022, in the form of an annex to the current publication. NHS Digital also informed the BMA that this publication will be further updated for April 2023, integrating practice level data into the report, and a dashboard of appointment data at a practice level which will be available for Integrated Care Boards (ICBs) to access. We raised concerns about the accuracy of the data, and its potential use, and NHS Digital agreed that further work is required.



## Wellbeing

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing.

It's **Self Care Week** this week 14-20 November, which is a good opportunity to promote wellbeing in your practice. Dedicated [resources](#) have been created to support this.

Read my blog on how to **Care for yourself during the hard times ahead**:

<https://www.bma.org.uk/news-and-opinion/care-for-yourself-during-the-hard-times-ahead>

A range of wellbeing and support services are available to doctors, from our 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#).

The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions.

See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

Please visit the BMA's dedicated [wellbeing support services page](#) for further information.

### **GMS and PMS requirement to pass on DDRB recommended uplifts**

Practices with a GMS contract, or with a post-2015 PMS contract, have a [contractual requirement](#) to "only offer employment to a general medical practitioner on terms which are no less favourable than those contained in the document entitled "Model terms and conditions of service for a salaried general practitioner employed by a GMS practice" published by the British Medical Association".

The [Model Terms](#) states under clause 6 "Your salary will be increased by annual increments on [incremental date] each year and in accordance with the Government's decision on the pay of general practitioners following the recommendation of the Doctors' and Dentists' Review Body"

Practices who have salaried GP employed under the terms of the model contract should offer the DDRB recommended 4.5% pay uplift as a minimum.

GPCE has lobbied for global sum to be uplifted to accommodate this increase for salaried GPs and other practice staff and will continue to do so. Read the [BMA's statement about the DDRB](#)

### **Updated webpages regarding travel with medications**

Following recent correspondence with airlines regarding their requests for medical information to be provided by GPs, we have updated our guidance on our webpages [here](#)

**Health Education England training contract**

It has been brought to our attention that training practices are being asked to sign a [Health Education England training contract](#). As GPC England did not have input into the development of this contract, we are currently in the process of reviewing the contents. Practices who have not already signed and are unsure about doing so should either seek their own advice or hold off until you hear more from us.

**Proposed Dispensing Feescales for GMS Contractors, England and Wales - 2021, October release**

NHS Digital has published new dispensing feescales for General Medical Service (GMS) contractors in England and Wales from 1 October 2021. They are available [here](#)

**CQC clinical searches – new survey**

The CQC developed a suite of clinical searches, initially in response to the pandemic, which are now routinely used when carrying out inspections of GP practices. They were designed to focus on areas of clinical importance. The majority of the searches focus on safe prescribing, monitoring of higher risk drugs, management of long-term conditions and identification of potential missed diagnoses. CQC is undertaking a survey to identify how useful / easy to use these searches have been. Practices are encouraged to complete the anonymous survey [here](#).

**Support in challenging times – share your views**

The BMA is working on an enhanced offering for GP practices to better support them during such challenging times. To ensure the new proposition will meet their needs, the Insight team is conducting interviews with GP partners and practice managers to get their feedback on the new proposition and see whether we could provide anything else to help them in their daily work. If you are a GP partner and are happy to share your views or put us in contact with other members or practice managers, please email Ashlyn Manikandan ([AManikandan@bma.org.uk](mailto:AManikandan@bma.org.uk)). The interviews will last about one hour, and as a token of our appreciation, participants will enter a prize draw.

**LMC England conference 2022**

The [LMC England Conference](#) will take place in London next week on 24 November, and the [Special conference on 25 November](#). For more information see here: [Local medical committees](#). Please send any queries to [info.lmconference@bma.org.uk](mailto:info.lmconference@bma.org.uk)

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 is Monday, 28 November.

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

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