

Dear colleagues

**GPC England reject ‘unsafe and insulting’ contract offer**

GPC England (GPCE) met yesterday 2 February, where we discussed the negotiations for the 2023-24 contract, the final year of the five-year contract deal, the committee’s strategy going forward, and the Junior Doctors and GP Trainees ballot for industrial action.

At the meeting, GPCE voted to reject the ‘insulting’ proposed changes to the GP contract in England, which completely ignore the unsustainable and unsafe pressures practices are under right now.

With no additional investment to counter the damaging impact of soaring inflation on practice expenses – and to cover rising fuel bills and increasing staffing costs – this year’s offer from NHS England risks safe patient care, brings the very future of practices into question and will cause even more GPs to leave when they are needed most.

If the Government and NHS England refuses to negotiate an improved offer, and a contract is imposed on practices, this would send entirely the wrong message to patients and a profession speaking up to defend patient safety. We would therefore be forced to consider all options, including the potential for industrial or collective action. More information / guidance will be shared shortly. Read my statement [here](#)

**GP workforce and workload pressures**

GP practices continue to experience significant and growing strain with declining GP numbers and rising demand, as shown by the latest [GP workforce figures](#). In December 2022, the NHS lost the equivalent of 17 full-time fully qualified GPs compared to the previous month, and there are now 1,990 *fewer* fully qualified full-time GPs than in September 2015.

This long-term decline coincides with a rise in patients. In Dec 2022, 62.2m patients were registered with practices in England, with a record-high average of 9,689 patients per practice. As a result, the average number of patients each full-time equivalent GP is responsible for has now reached 2,273 - a 17% increase since 2015 - demonstrating the mounting workload in general practice.

This is in stark contrast to the Government’s [Delivery plan for recovering urgent and emergency care services](#) published earlier this week, which fails to address the workforce crisis in the NHS. In response to this plan, Phil Banfield, BMA Chair of Council said:

“The NHS cannot afford to wait two years for the fraction of help that the Government has proposed in this plan today. If the NHS has any chance of surviving that long, then we need to see immediate funding as well as steps taken to retain and boost our workforce.”

“Without a dedicated workforce and significant resource for this, now, it’ll likely fall to already-overworked GPs and their teams to pick up the workload, pushing up waiting times in general practice and jeopardising patient safety even further.” Read the full BMA statement in response [here](#)

We encourage practices to continue to review their working practices in reference to our [Safe working guidance](#) to prioritise care in order to manage the finite workforce and resources available.

Read more about the pressures in general practice [here](#)

### **Consultation on NHS Pension Scheme regulations for England and Wales**

The [Government's consultation](#) on their proposed amendments to the NHS Pension Scheme regulations for England and Wales closed on 30 January. The BMA's Pensions Committee submitted a response and also produced a series of templates to help and encourage members to submit their own personal consultation responses, so our collective voice can be heard loud and clear. We believe that the Government's proposed changes are a case of 'too little too late'. Although they implement some of the immediate mitigations that the BMA has been calling for, such as new retirement flexibilities which are helpful for small groups of doctors, they do nothing for the majority of the workforce that is impacted by pension taxation. The proposals fall well short of the long-term solution that the NHS desperately needs, and without further action doctors will continue to incur sky-high and completely unexpected tax bills, simply by continuing to provide care for patients.

### **Potential Ministry of Justice legal case**

Fee-paid medical members (FPMM) of Tribunals do not have access to the Judicial Pension Scheme, unlike full-time medical members. Previously litigated in 2014, the claim was rejected by Employment Tribunal and Employment Appeal Tribunal on the grounds that work of FPMM is not 'broadly similar' to that of regional members. Advice from a KC is that there is no scope to argue that it was wrongly decided, and it would need to be demonstrated that work undertaken by FPMM has changed since that decision in 2014. A fact-finding exercise is to be undertaken and a questionnaire for FPMM has been prepared and we have been liaising with representatives who are FPMM of Tribunals who are also keen to pursue a possible legal challenge on this.

### **Engagement with Primary Care Support England (PCSE), NHS England and NHS Pensions**

A meeting has been held between the Pensions Committee and NHS England, NHS Pensions and PCSE to agree a terms of reference for the current series of engagement meetings held to highlight and address issues with GP pension records. It has been agreed that going forward the engagement meetings will be held on a bi-monthly basis and the next meeting is scheduled for 21 February.

### **NHS Pension Scheme Cost cap mechanism judicial review**

A judicial review of government plans to pass McCloud age discrimination remedy costs onto NHS staff is being heard in the High Court this week (31 January to 3 February). The BMA is challenging the government's decision to pass on the remedy costs to its members after it committed unlawful age discrimination when reforming the NHS pension scheme in 2015. The BMA's challenge is being heard alongside a related claim brought by the Fire Brigades Union and supported by many other trade unions including the GMB, PCS, Unite, the Prison Officers and Police Superintendents Associations and the Royal College of Nursing. We expect to hear the outcome within six weeks.

### **Annual Conference of Representatives of LMCs (UK) 2023**

The Annual Conference of Representatives of LMCs (UK) 2023 is due to take place on 18 and 19 May and will be held face to face in London at Friends' House. LMCs have been emailed information about submitting motions (including motions amending standing orders) to conference, which should be submitted by LMCs via this [link by 12 noon, on 28 February 2023](#). If you have any questions about the Conference, please email [info.lmconference@bma.org.uk](mailto:info.lmconference@bma.org.uk)

### **Junior doctors' ballot on strike action – guidance and webinar for GP trainees**

The ballot on [strike action for junior doctors in England is open](#), and this includes our GP trainee colleagues as an important group of the junior doctor workforce. They are acting as a result of the significant pay erosion they have experienced over the past decade. This situation is made worse by the government also failing to address the undervaluation of the GP Flexible Pay Premia, despite making commitments to do so back in 2019.

Two webinars have been arranged to provide tailored advice specifically for GP trainees over the next few weeks at the following dates:

Saturday 11 February, 10-11am  
Monday 13 February, 6-7pm

*We welcome all GP trainees to click [here](#) to register your attendance for either date.*

You can also download the latest GP trainee materials to share with colleagues on the [BMA website](#). Further guidance for practices and LMCs to support GP trainees will be shared in the coming weeks.

### **Update on the Digital Firearms Flag**

The digital firearms flag will be relaunched on SystmOne (TPP) and EMIS Web (EMIS) systems on Monday 6 February, and is scheduled for deployment on Cegedim/Vision systems in March 2023. There will be no further changes with SystmOne (TPP), as this has been operating with the flag. The digital marker and flag have been tested and brought before the Joint GP IT Committee since being taken down in July 2022. GPs should add the appropriate SNOMED code to a patient's record when they receive notification of a firearms certificate application or when a certificate is granted, and this will automatically add a marker to the patient's record. If a potentially relevant condition of concern is added to their medical record during the application process or after a certificate has been issued, an alert will pop up. Further information will be on the [BMA website](#) this weekend, and [NHS Digital](#).

### **GP Registration**

Members are reminded of our [guidance](#) clarifying the conditions surrounding patient registration in GP practices in England. The main principle is that anyone, regardless of nationality and residential status, may register and consult with a GP without charge. Proof of address is not needed, and this is outlined in our guidance. It is important to ensure the right patient is linked up with the online PDS service.

### **GPC elections**

Nominations for seats to the General Practitioners Committee are open in the following regions:

- Hillingdon/Brent & Harrow/Ealing, Hammersmith & Hounslow
- Lewisham, Southwark & Lambeth/Bexley & Greenwich/Bromley
- Cheshire/Mid Mersey
- Northumberland/Newcastle & N Tyneside/Gateshead & S Tyneside/Sunderland
- Glasgow & Clyde
- Gloucs/Avon
- Wilts/Dorset
- Bucks/Oxfordshire
- Berks/N&E Hamps
- Barnsley/Doncaster/Rotherham/Sheffield
- Leics & Rutland/Northants
- N Yorks/Bradford
- Dyfed Powys/N Wales
- N Staffs/S Staffs/Shropshire
- Sandwell/Walsall/Wolverhampton/Dudley

These seats are for a three-year term, 2023-26 sessions, subject to GPC structure review which is currently ongoing which may impact the seat to which successful candidates are elected.

You must be a BMA member to stand in this election.

Please note that in previous years there was a requirement that only GPs who paid the voluntary levy could nominate themselves for election. That requirement has now been removed.

To submit your nomination for any of the above seats please visit <https://elections.bma.org.uk/>

The deadline for all nominations is **12pm Wednesday 1 March 2023**.

Voting will take place for contested seats from 12pm Thursday 2 March 2023 to 12pm Thursday 30 March 2023.

For any questions relating to the role or GPC please contact [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)  
If you have any queries regarding the election process, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk).

### Wellbeing

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

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.

### GPC England committee pages and guidance for practices

Read more about the work of the [Committee](#)  
Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@BMA\\_GP / Twitter](#) [@TheBMA / Twitter](#)  
Read about BMA in the media: [BMA media centre | British Medical Association](#)

Contact us: [info.GPC@bma.org.uk](mailto:info.GPC@bma.org.uk)

Read the last GP bulletin: [GPs committee rejects contract offer | workforce and workload pressures | NHS Pension Scheme regulations consultation](#)

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