

Dear colleagues

### **Preparing for balloting on industrial action**

Last month, the BMA's [GPs Committee for England voted in favour of preparing to ballot](#) GPs in England on industrial action if the Government does not agree to improve the contract drastically in forthcoming negotiations with us.

The Government is pushing General Practice to breaking point, and we are taking a stand. Yet again, ministers have dealt GPs a massive blow by imposing disastrous contract changes on us that we rejected.

Current working conditions are already running GPs and practice staff into the ground, and these contract changes threaten the safety of our patients.

We are simply asking for a contract that preserves general practice in the long-term and keeps patients safe.

If Government are unwilling to change the situation, balloting will be our only remaining option to save general practice from collapse. We are therefore asking you to join us as we prepare for potential industrial action.

By law, only BMA members can participate in a ballot on industrial action. If you are a member, it is essential that you make sure the details we hold for you are up to date to ensure your vote counts. Update your member details on the [BMA website](#) or [join us as a member](#) today.

We need to come together to save general practice, defend our profession, and make general practice safe for patients.

Watch GPCE acting chair Kieran Sharrock explain where we are with preparing members to ballot for industrial action in England [here](#)

### **NHS England Primary Care recovery plan**

NHSE published its [primary care recovery plan](#) earlier this week, and whilst we welcome the planned investment and innovative new ways that will support our profession in delivering care, there doesn't seem to be much in the plan about how we stop GPs leaving the profession, or how we retain the staff that we already have.

General practice is almost on its knees, facing a crisis as patient demand continues to rise and the workforce continues to dwindle. Managing the strain on services to help primary care recover will happen only when and if there is a commitment from the government to increase the actual numbers of GPs.

Although more community services are needed to relieve [pressures on GPs](#), these measures don't consider the continuing cuts to public health funding and that more community pharmacies are closing across England.

The growing problems in general practice workforce numbers and infrastructure are acting as barriers that will prevent effective change from happening. Read the [full BMA statement in response](#)

### **Meetings with minister and NHS England**

Last week we met with Neil O'Brien MP, Parliamentary Under Secretary of State for Primary Care and Public Health, and senior DHSC officials to discuss the result of the GPCE emergency meeting and the GP recovery plan ahead of its publication. During the meeting we explained what the results of the ballot meant in terms of industrial action, the depth of feeling amongst GPs regarding the imposition of the current contract, and what must happen to address those concerns and restore GPs' faith in the Government. The Minister acknowledged our concerns and agreed to further meetings to discuss these issues, including funding, QOF, workforce and morale.

In addition, we have met Dr Amanda Doyle OBE, National Director for Primary Care and Community Services, NHSE, who outlined the content of the GP recovery plan. We highlighted our concerns about a lack of direct investment in practices to address patient outcomes and improve recruitment and retention, but did agree that some aspects, including improvements to the primary secondary care interface, to reduce pressures on general practice had the potential to be beneficial. The BMA response to the plan can be [viewed here](#).

### **GP workload and safe working**

The contractual changes imposed by NHS England do nothing to recognise the [pressures that GPs](#) are under and we encourage practices to continue to use our [safe working guidance](#) to enable them to prioritise safe patient care, within the present bounds of the GMS contract.

The BMA has also developed a [tool](#) to help with the increasing workload and to support practices with implementing a triage system if they wish to do so. The toolkit aims to provide a cost neutral aid to reduce the administrative burden on staff members, ensure patients are seen by the right clinician at the right time and allow GPs to spend their time where it is needed the most.

### **Wellbeing resources**

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing and take some time to meet to reflect on their wellbeing and what they can do to protect it. This will meet the requirements of the QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#).

*We have produced a [document](#) for practices which includes some tangible recommendations and tools for managing workload and reflecting on 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 [wellbeing support services page](#) for more information and resources.

### **LMC UK Conference 2023 agenda**

The LMC UK Conference will be held next week on 18-19 May at the Light, Friends House, London. The [Agenda 'Hanging on a thread'](#) has now been published and further information is available [here](#)

### **LMC meetings**

The GPC England officers are keen to continue to engage with LMCs throughout the country. This is a vital time for the profession and GPCE's leadership wants to be on hand to answer any queries and provide information that LMCs require. If it would be beneficial for a GPCE officer to virtually attend your LMC meeting, then please get in contact with Karen Day ([kday@bma.org.uk](mailto:kday@bma.org.uk)) with the time and date of the meeting, as well as which LMC you are contacting GPCE on behalf of.

### **GP seats at the BMA Annual Representatives Meeting**

The GPC still have a few available seats for this year's ARM. If you haven't already been accepted for a seat via the UK LMC conference or ARM Division and are a GP and BMA member, please email Karen Day [kday@bma.org.uk](mailto:kday@bma.org.uk) so that you can be sent the registration link. Please note that we do only have a few seats left, so this will be on a first come, first served basis.

### **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 bulletin: [Preparing for ballot on industrial action | NHS England primary care recovery plan | GP workload and safe working](#)

As always please do feel free to get in touch on the email below and we will continue to do our very best to represent you and seek to improve our working lives.

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