

Dear colleagues

Call to action for general practice

The BMA's GP Committee for England (GPCE) has published our [Call to action \(CTA\) for general practice](#), created by GPs for GPs, which is our strategy for what we need to provide high-quality care for our patients and which compiles what we want to see in the next round of contract negotiations.

GPCE wants the Government to trust GPs to deliver the care that our patients deserve, and to do this, we need:

- **more investment in general practice** to deliver better local, long-term care for patients
- support with **expanding the GP workforce** so that we have the equivalent of at least 40,000 full-time, qualified GPs in post by 2030/31
- **safer, greener infrastructure** to bring general practices into the 21st century and provide better care
- **more control** to practices so they can work collaboratively at scale, while offering continuity of care
- the necessary **time** to provide better quality care by removing unnecessary bureaucracy and box-ticking.

To help us get closer to a general practice that can provide better quality care for patients, we are asking members to bring the CTA to their practice and LMC meetings.

By working together, we can develop an engaged supporter base of GPs and LMCs pushing for change so you have the necessary time and investment to deliver better quality care for your patients.

Read our [Call to action for general practice](#) – our strategy to provide high-quality care for our patients that outlines what is needed in the next round of contract negotiations. Read more [here](#)

Safe working and preparing for balloting on industrial action

As the current working conditions are not safe for patients or GPs, practices are strongly encouraged to continue to use our [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

We need to come together to save general practice, defend our profession, and make general practice safe for patients. In April, GPC England voted to prepare to ballot GPs on industrial action if the Government does not agree to improve the contract drastically in forthcoming negotiations.

Please join us as we prepare for potential industrial action. By law, only BMA members can participate in a ballot on industrial action, and the more BMA members working collectively sends a powerful message to government that the present situation must urgently change. If you are a member, make sure the details we hold for you are up to date to ensure your vote counts. Update your member details on www.bma.org.uk/my-bma or [join us as a member](#) today.

We will be communicating further over the coming weeks and months.

GP workforce figures

The latest [GP workforce data](#), published today showed that the number of fully qualified GPs continues to decline significantly. In May 2023, the NHS in England had the equivalent of 27,200 fully qualified GPs, which is 2,165 fewer than in September 2015.

The longer-term trend clearly shows that the NHS is losing GPs at an alarming rate: over the past year (between May 2022 and May 2023) it lost the equivalent of 427 fully qualified full-time GPs, and the equivalent of 36 fully qualified GPs per month over the past year.

This coincides with a rise in patients: as of May 2023, there was another record-high of over 62.49 million patients registered with practices in England, with an average number of patients each full-time equivalent GP is responsible for continues to rise, and now stands at 2,297. This is an increase of 360 patients per GP since 2015, demonstrating the ever-mounting workload in general practice. Read more about the pressures in general practice [here](#)

COVID therapeutics

CMDUs (Covid Medicines Delivery Units) are ceasing from 27 June 2023, and NHS England has written to ICBs to ensure provision of Covid therapeutics is commissioned. GPCE has produced guidance for GPs about this, and practices should have a clear pathway to refer/signpost patients to continue access to COVID therapeutics for vulnerable patients. This cohort of patients will have been contacted and may call practices about how to access their locally commissioned service (other services can also refer/signpost directly such as 111). Read the [guidance](#)

PCN IIF capacity and access support payments – ICB templates for PCN ‘access improvement plans’

We are aware that some ICBs are circulating template access improvement plans for PCNs and constituent practices to complete. It looks like the intention is to ensure ICBs have evidence that PCNs / practices have met the requirements of NHSE’s [guidance](#) in order to secure payment.

The funds from the capacity and access improvement fund have been provided to improve patient access, not to support PCNs to complete bureaucratic templates for ICBs. GPCE thus believes that any governance should be light touch, and agreed by LMCs, before being implemented.

If you believe the ICB has gone beyond the realms of reasonable expectation within any bespoke local planning template you receive, please share it with GPC England (info.gpc@bma.org.uk) so it can be raised with NHSE’s central GP contract team for investigation and simplification.

Re-ballot for junior doctor strike action and important information re eligibility to vote

This week the [re-ballot for junior doctors](#) (including GP trainees) opened. Please encourage your GP trainee colleagues to vote YES and post their ballot as soon as possible, and no later than 26 August.

It is important to note that if you will no longer be a junior doctor / GP trainee on 31 August, you have to contact the BMA (0300 123 1233 or doctorspay@bma.org.uk) and opt-out from receiving a ballot. This includes **if you are due to obtain your CCT (certificate of completion of training) and have a starting date for a GP post which is on or before the start of the mandate period**, or you are on maternity leave for the whole mandate period from 31 August to 29 February 2024. However if you are a junior doctor even for one day of the mandate period, you are eligible to vote. This includes if you are in your period of grace.

Please inform all GP trainees within your practices - they can update their membership details [here](#)

GPCE concerns about new health data deal for large multinational firm

Responding to news reports that NHS England has awarded Palantir a new deal to transition existing NHS projects into a new federated data platform (potentially worth over £400m), David Wrigley, deputy chair and digital lead of GPC England, said:

“GPs have long raised concerns about the appropriate use of patient data, and today’s decision by the Government to give £25m to a huge US-based multinational company, to do further work on a large NHS patient data project, only exacerbates these concerns.”

We have called for NHSE and DHSC to urgently discuss with us how they plan to use confidential patient data within this data platform and what role Palantir will play. Read our full statement [here](#)

Statement on “the primary care doctor”

GPC UK and SASC UK [have produced a statement](#) in response to proposals from the GMC and NHS England for regulatory change and the creation of a “primary care doctor”. We do not believe that general practice currently has the staff, financial or premises resources to accommodate an intake of “primary care doctors”, nor do we believe that the proposals are being designed to benefit doctors who want to make the switch into primary care. The statement outlines our concerns with the different ways in which “primary care doctors” could be introduced.

2023/24 PCN DES ready reckoner now available on NHSE website

As with previous years, NHSE has updated the PCN DES [ready reckoner](#) originally agreed at the start of the 2019-24 contract framework for use by GP practices. Should you have any questions or queries about it, please contact info.gpc@bma.org.uk and find out more [here](#)

Wellbeing resources

As we continue to face overwhelming pressures in general practice, we encourage practices to continue to focus on their own team’s wellbeing and take 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](#) which includes some tangible recommendations and tools for improving workload and safe working.

A range of wellbeing and support services are available to doctors, from our 24/7 [counselling and peer support services](#), [NHS practitioner health service](#) and [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 wellbeing](#). Please visit the BMA’s [wellbeing support services page](#) for more information and resources.

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

Read the last bulletin: [Call to action for general practice | safe working and ballot preparations | new GP workforce data](#)

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