

Dear colleagues

GPC England meeting update

At last week's GPC England meeting, we set out a vision for general practice which will further be refined and influenced by the upcoming England Conference of LMCs, and the national survey of the profession – being announced the same day. This survey is to be of all GPs, not just BMA members. Our aspiration is that we survey annually each summer, in time for feedback to be ready ahead of the annual contract negotiation round.

Our vision needs to be rooted in common ground with our patients, and common sense with our commissioners. It will be framed 'before' and 'after' the 2024 general election. NHS England and the Department of Health and Social Care have already committed to very little change for the 2024/25 contract, but the financial envelope to fund practices has not expanded for 5 years despite population, demand and inflationary rises. We need to push for greatest flexibility, lowest bureaucracy and highest trust to best guarantee practice sustainability.

Once we have fed in your opinion as GPs on the ground across the country, we will be sharing our thoughts with stakeholders of influence, e.g. colleagues at the RCGP and RCN; think tanks; and most importantly of all, patient groups before publishing next Spring in time to influence party manifestos and make protecting general practice a key 'doorstep conversation' on the election campaign trails.

We need to better the [figures released last week by the Institute for Government](#) which demonstrated how "GP numbers have flatlined, while the hospital doctor workforce has burgeoned"; [The Economist data](#) which demonstrated the 4% productivity rise in general practice post-pandemic compared with circa 10% drop in the acute sector; the NHS waiting list across England and its driving factors when Trusts were put on captivated budgets and how GPs can likewise reflect on how Trusts chose the speed of their own hamster wheels - this is the foundation of the [BMA's safe working guidance](#). But we know you would like more evidence, and more examples of how to embed this in your practices. We shall be working on these together with resources for you to share with your PPGs in due course.

Look out for the survey towards the end of the month - this is your opportunity to place your voice at the heart of your future.

[General Practice pressures and data](#)

The NHS has lost the equivalent of **2,062**
full-time fully qualified GPs since 2015.

Source: [BMA analysis of NHS General Practice Workforce data](#).



The latest [GP workforce data](#) showed that, the net outcome of those newly-qualified GPs joining the workforce in England this August, and those retiring, resulted in a net gain of a mere 56 more full-time equivalent (FTE) GPs by September. Noting the longer-term trend, compared with September 2015, there are still over 2,000 fewer FTE fully qualified GPs. The [NHS Long Term Workforce Plan](#) projects a shortfall of 15,000 qualified full-time equivalent GPs by 2036/37 without further policy action. That action cannot come soon enough.

Being a GP can be the best job in the world, but we need the Government to recognise the value and importance of investment and support for our profession, so that we can safely look after our patients, and effectively meet growing demand.

A single full-time GP is now responsible for an average of 2,300 patients. If we are 6000 GPs short as the Government have accepted, this is the equivalent of millions of patients without access to their GP. No wonder services feel so stretched, and no wonder patients perceive the keen loss of “their” family doctor. Click [here](#) for more infographics and data on General Practice.

Accelerated Access to Records Programme update

GPC England has a new webpage with [guidance for practices](#) on how they can provide prospective access to their patients’ GP-held medical records safely, where all our resources are available.

Legally, GPs must act in the interests of their patients. As data controllers, they must see to mitigate data protection risks. Practices are required to carry out a Data Protection Impact Assessment (DPIA) exploring the risks and any possible mitigations as part of the implementation of this programme.

GPCE is supportive of patients having access to their records so long as this is safe for patients and safe for GPs. We continue to put forward the case for making access to records on an opt-in basis.

If you have any examples of where your practice or patients are being put at risk as a result of the programme, please email us on info.gpc@bma.org.uk

Access our [template DPIA](#) and other resources on our updated [guidance page](#)

Read also: [GPs urged to adopt opt-in approach to online patient record access \(bma.org.uk\)](#)

Physician Associates

At the GPC England meeting we also passed an emergency motion tabled, expressing concern over the increasing trend of Physician Associates where erroneously used to replace GPs, and to protect patients by ensuring appropriate processes and regulations are in place. This follows a [statement by UEMO](#) (European Union of GPs/Family Doctors) supporting GPs in the UK over our concerns.

The BMA recognises the vital role that multidisciplinary teams play in General Practice, but patients need to know and understand what each healthcare professional can and cannot do, and where their expertise is relevant. There have been some recent examples suggesting a potential blurring of lines between doctors and non-medically qualified professionals, leading patients to think they’ve seen a GP - when they haven’t.

PAs are not doctors, they are not regulated, and they cannot prescribe. The distinction between GPs as expert medical generalists, and PAs, must be protected. PAs cannot be used as a substitute for GPs, or in place of a GP when supervising GPs in training.

The GP workforce crisis is a result of the failure of Government to plan for the recruitment and retention of GPs. Only by valuing and investing in the recruitment and retention of GPs will the experience and care of patients improve. While PAs may help reduce general practice workload in some well-defined cases and pathways, it should not come at the expense of patient safety.

Read my full statement [here](#)

Seasonal Vaccination Update

The **Co-administration template is now available as of 23 October**, and this should be now available to all sites who are using the system. NHSE have advised that the delays to the co-administration template came about due to the accelerated timelines of the programme. “Pinnacle had to prioritise their workload to ensure that rapid development of POC systems could be achieved. Our digital colleagues worked with Pinnacle to introduce it as soon as possible, recognising that it is a very important functionality for sites.”

The additional financial support, which came to an end on 31 October, was put in place to support programme acceleration (i.e. to administer as many Covid-19 vaccinations before the end of October) and to recognise the additional administrative, organisation and delivery costs associated with that ask. The UKHSA and DHSC are responsible for monitoring the epidemiology and advising NHS England where further steps need to be taken in response to emerging Covid-19 variants. They have been monitoring the situation, and do not regard additional measures as necessary at this stage. Therefore, at this point in time, there are no plans to extend the additional financial support. However, it appears that patients are coming forward less quickly this Autumn compared with last. The UKHSA’s uptake reports are available [here](#).

Regarding **staff vaccination for flu**, provision is an employer responsibility and not provided under the NHS flu programme. Frontline primary care staff are not eligible for a free NHS flu vaccination and therefore are not included in the Annual Flu Letter cohorts, but they do appear in the enhanced service spec because the decision was taken last year to include frontline primary care staff in the spec to allow for cover under the Clinical Negligence Scheme for General Practice, as provision of flu vaccinations to these staff is an employer responsibility.

Navigating GP Premises Service Charges

In 2022, the cases of *Valley View & Others v NHS Property Services* ([which were supported by the BMA](#)) considered five different scenarios where service charges (charged by landlord NHS Property Services) were disputed.

Service charges usually arise where the GP practice doesn’t own the premises and the landlord provides repair and maintenance. Here, NHS Property Service’s default position was to charge pursuant to its Charging Policy.

However, the Court concluded that the Charging Policy doesn’t override the terms of the tenancy agreement. While these cases don’t set a universal precedent, there are useful points that may assist GP practices in resolving disputes or pushing back on service charges raised.

The sums initially demanded by NHSPS in the cases of Valley View & Others were significantly higher than what was ultimately paid by the practices. The BMA successfully assisted the five practices in the cases to significantly reduce service charge claims, with one practice agreeing to a reduction of more than 80%.

BMA Law has a team of legal professionals specialising in healthcare related law and [can advise GP practices in respect of service charge issues](#). To discuss NHSPS service charges and other related matters please BMA Law on 0300 123 2014 or email info@bmalaw.co.uk

LMC England conference 2023

The [Agenda for the 2023 LMC England Conference](#) in London which takes place on 23 -24 November, has now been published. For more information see [here](#)

Please send any queries to info.lmconference@bma.org.uk

GP trainees committee renames itself the GP registrars committee

The BMA's GP trainees committee has now officially changed its name to the [GP registrars committee](#).

The decision to change the committee name was made to reduce confusion for patients as it better reflects their roles as fully qualified doctors, and it is a step to regaining the professional respect that all GP registrars deserve.

You can read more about how the GP registrars committee is working toward regaining their professional identity in this [blog](#) by the GP registrars committee chair, Dr Malinga Ratwatte.

NHS Suicide Postvention Guidance for staff

The University of Surrey, Keele University, and the University of Birmingham have developed postvention guidance for NHS services on how to support staff after the death by suicide of a colleague. The Social Partnership Forum Workforce Interest Group, of which the BMA is a member, have been asked to circulate the [executive summary](#) and [full report](#) for your information.

Wellbeing resources

We continue to encourage practices to focus on their own team's wellbeing and take time to reflect on what can be done to protect it (this will also meet the requirements of QOF [quality improvement project on staff wellbeing](#)). We have produced a [document](#) which includes some tools for improving workload and safe working. A range of wellbeing and support services are also available to doctors, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#), [Samaritans](#) and [Doctors in Distress](#). See also our [poster with 10 tips to help maintain and support wellbeing](#).

GPC England committee pages and guidance for practices

Read more about the work of the [Committee](#) and practical guidance for [GP practices](#)
See the latest update on X (formerly Twitter) [@BMA_GP](#) and read about [BMA in the media](#)
Contact us: info.GPC@bma.org.uk

Read the latest GPCE newsletter: [GPC England meeting update | new GP workforce data | accelerated access to records programme guidance](#)

Read the latest [Sessional GPs newsletter](#)

Dr Katie Bramall-Stainer
GPC England chair
Email: KBramall-Stainer@bma.org.uk