

LMC Update Email
9 August 2024

BMA

Dear colleagues

An overwhelming [98.3% of members who voted in our ballot said YES](#) to taking part in one or more suggested actions from the menu within our [toolkit](#). This result clearly shows the united voice of a beleaguered GP profession willing to say – enough is enough. This is the opportunity you have asked for to demonstrate to local health systems and NHS England that we are ready to take a stand and fight for the future of our practices, our profession, and the GP service our patients deserve to receive.

Practices in England can now begin to take action from our menu. We know many practices have been planning and may already know the actions you wish to take. Others may still be considering their options. This must work for your individual practice – do what is right for your individual needs. Each of the actions are safe, effective, sustainable and clear. You can choose to do one or many, and they are each described and detailed on the [BMA website](#). It's up to each practice to choose which actions to take, and when. Your LMC may provide you with additional advice, tailored to local arrangements.

Over the coming weeks, we'll also be gathering data on any actions that practices across England are taking, so we can measure the impact of your collective action. This crucial information will help inform our discussions and negotiations with NHS England, encouraging them to do the right thing for patients in protecting general practice, as well as support the new Government in delivering on the commitments in their election manifesto.

We are calling for safety, stability and hope

- **Safety now with a commitment to recover resource lost** from the core contract to ensure practice stability and viability.
- **Stability for practices** to be able to employ and retain the GPs and clinical staff they need to deliver the care our patients deserve – especially when there are GPs without jobs!
- **Hope for the future:** a new contract that works for all parties, that provides the investment, workforce, infrastructure and stability needed to reset and rebuild general practice.

Read our [GP campaign page](#) for more information about the actions you can take and how to order campaign materials and patient leaflets, including a [patient-facing animation](#), complete with additional subtitles that can be activated for screen reading.

[GPs in England vote yes to take action \(youtube.com\)](#)



GP Local Action Tracker Survey

We are asking for LMCs' support in disseminating our weekly local action tracker surveys to the practices. The survey asks which ICB and LMC the respondent is part of, whether their practice is undertaking each type of action, and provides a space for further comment.

The surveys will enable us to identify areas of high and low participation, which can enable us to identify best practice in areas of high participation and obstacles to participation in areas of low participation, along with what support is needed to enable participation by those who wish to participate.

Surveys will be sent weekly on Monday, with a deadline of 5pm on Sunday for practices to complete. *These surveys should be completed by only one member of staff per practice.*

The data collected will be used to monitor the participation with the different types of action across the country, and as a lobbying tool to demonstrate the level of participation in collective action.

If you haven't received a copy of the survey to disseminate, or if you have any questions, please email info.lmcqueries@bma.org.uk. Thank you in advance for your support with this.

DDRB announcement

This year's investment into national GP practice contract funding to support [DDRB recommended pay uplifts for 2024/25](#) is a welcome step forward.

However, the formula that's used allocates funding per patient for each individual practice, and is based on criteria like the age and sex of patients and where the practice is located. Instead, staff costs should reflect the diverse skill-mix needed to deliver the full range of patient care within each individual practice. Partners will want to reward all their staff for their dedication and commitment, but while some practices may receive enough to pass on a full 6% salary uplift, others won't, forcing them to make difficult choices about what they can and can't afford to give hardworking staff.

We have raised these issues repeatedly with DHSC and NHS England. For years, GPs have been expected to do more with less, but practices can't make insufficient funding stretch any further and staff morale, recruitment and retention is suffering as a result. This inevitably contributes to longer patient waiting times, poorer outcomes and widening health inequalities across England; the very opposite of [GPC England's vision for the future of General Practice](#).

When we negotiate the new GP contract – which we have publicly stated we expect to do with the new Government in this Parliament - we will seek to devise a better mechanism for allocating annual DDRB uplifts. Investment must be distributed fairly and equitably so that every hard-working staff member gets the annual pay uplift they deserve wherever they work in England. In the meantime, we will continue to work with DHSC and NHSE to develop short, medium and long-term solutions to give patients and practices *safety, stability and hope*.

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ARRS funding scheme expansion

Following the recent [announcement from the DHSC and the secretary of state](#) on the temporary inclusion of newly or recently qualified GPs in the ARR Scheme, GPC England provided a joint statement with the Sessional GPs Committee highlighting the potential impact of expanding funding to include GPs, and raising our concerns about the practical implementation of this:

'There are experienced and talented GPs, ready and able to work, but practices can't afford to hire them so expanding the funding scheme to include GPs shows the Government is keen to find solutions to stabilise general practice. However, we have concerns around how this policy will work in practice, and it's fundamentally nowhere near enough to save general practice. Because the funding won't be allocated at a practice level, but instead via Primary Care Networks, this means any GPs employed through this scheme could be forced to move across the country at short notice, uprooting their families in the process, and depriving their patients of continuity of care. This in itself could drive more GPs away from the NHS.

'We've shared ideas with the Government for how to best get more unemployed GPs back into the workforce, because there are more flexible and effective ways that this funding could be used to ensure the maximum benefit for patients – for example reimbursing the practices themselves. In the long-term, however, we need to see the core GP contract funding increased so that practices have full control over who they recruit, without the need to go via bolt-on schemes. We will continue to share suggestions with the new government to potentially take forward in 2025/26.'

We continue to call on the new government to listen to the concerns of GPs and to act swiftly to restore and enhance the cornerstone of effective healthcare – our general practitioners.

GPC England's vision to rebuild general practice

We have published our [Vision for General Practice](#) which outlines key short, medium and longer term asks of the new Government framed around safety now, stability for next year's contract and longer-term hope in negotiating a new substantive contract for general practice in England.

Our vision has been informed by our conversations with thousands of GPs across our roadshows in recent weeks and responding to the manifesto commitments from the new Government where we have an opportunity to repair trust and rebuild general practice.

Not been able to attend a roadshow? See the attached slides or [watch a recording](#)

NHSE Potential collective action by GPs: supporting guidance

Many colleagues will have seen this [guidance by NHS England on potential collective action by GPs](#), which is been reviewed by GPC England and an update will be circulated shortly.

PCN Pilots - S96 guidance

Following requests from LMCs and practices GPCE has sought advice on the Section 96 Agreement that is being sent out to practices to sign up to participation in the PCN Test Pilots. This sets out a number of concerns with the proposed Agreement raised following legal consultation.

In line with our recommended list of collective actions, we would strongly urge practice to defer making any decisions to accept local or national NHSE Pilot programmes whilst we explore opportunities with the new Government. [Read our guidance](#).

Keeping our communities safe from racism and fascism

We are horrified by the recent racist and Islamophobic attacks on people, shops and community buildings. The BMA is anti-racist and anti-fascist, and BMA members may need to organise with others to keep our communities safe for colleagues and patients.

Employers need to urgently support migrant and ethnic minority staff and students, including those facing racism from patients. [Read our guidance on managing discrimination from patients >](#)

[Read our message and guidance to GPs and GP practices >](#)

As always, you can contact the BMA for [wellbeing](#) and [general support >](#)

Crowdstrike outage

Following the events of Friday 19 July that saw critical digital services, including in general practice, across the country impacted by the outage. GPC sought and received assurances from the ICO and NHS England that GPs would not be required to report the availability breach to the ICO created by the outage on an individual basis. Instead – NHSE is providing a bulk report to the ICO, allowing them to satisfy their obligations under Article 33 (1) UK GDPR. The ICO confirmed that for those practices that have already reported, they may consider the matter closed with no further action to follow. However, any breaches unrelated to the crowdstrike outage and its impact on EMIS will still need to be reported.

New GPCE guidance on Physician Associates (PAs) working in general practice

We have published [guidance](#) to help standardise practice and reduce variation in how physician associates work within a general practice setting. It aims to provide a framework to support physician associates to work safely in general practice, for patients, their employers, and GP supervisors. It has been designed to complement [the scope of practice and supervision guidance already published by the BMA](#) and should also be read in conjunction with GPCE's [Focus on MAPs in general practice](#).

GP pressures - workforce and appointment data

The latest [workforce data](#) showed that the NHS had the equivalent of 27,670 fully qualified full-time GPs in June 2024. We have the equivalent of 1,694 *fewer* fully qualified full time GPs than in September 2015, and the number of GP practices in England has decreased by 90 over the past year.

This fall in both staff numbers and GP practices coincides with a rise in patients: as of June 2024, there was another record-high of 63.40 million patients registered in England – an average of 10,101 patients registered per practice. As a result, each full-time equivalent GP is now responsible for an average of 2,291 patients, which is an increase of 354 patients per GP, or about 18%, since 2015.

The latest [appointment data](#) shows that that **over 28.6 million standard appointments** were booked in June 2024, with an average of 1.43 million appointments per working day. Over the past year, approximately 367.1 million appointments were booked in England.

In terms of access, 44% of appointments in June 2024 were booked to take place on the same day. 44.6% of appointments were delivered by a GP in June 2024, and almost 65% of appointments were booked face to face. [See more infographics and data, showing the pressures in general practice >](#)

GPCE LMC drop-in sessions

The GPCE LMC drop-in sessions will be cancelled, but the LMC support network will be in place still to field any questions.

Are your pension records up to date?

The BMA's Pensions Committee have launched a campaign encouraging you to take action to make sure that your pension records are accurate and up to date, so you can make informed decisions about your pension savings, retirement plans and the McCloud remedy. We are aware that thousands of GPs in England have "missing years" of pensions data due to PCSE's maladministration of pension records. We have been consistently highlighting the failures of PCSE (run by Capita), and the significant importance of them fixing this issue as soon as possible. Unfortunately, there has not been sufficient progress to resolve this issue, so we are now encouraging you to take action to get your pension records in order.

To support you the Pensions Committee have created [detailed guidance](#) including template letters to help you get your records up to date, raise a complaint and escalate further where appropriate.

[Guidance on getting your pension record up to date, for GPs in England - YouTube](#)

UK Visa Sponsorship Licences (formerly known as Tier 2)

Does your practice have a visa sponsorship licence? Do you what it is or why you might want one? This [podcast](#) will persuade you to push this up your practice list of priorities as something to have in place! Listen now to find out why. Wessex LMCs joint CEO and GP Dr Laura Edwards talks with a panel around visa sponsorship and how it impacts international graduates particularly around the time of qualification and what actions practices may want to take to help with their recruitment.

Read also the [BMA guidance on Visa sponsorship for GP practices](#)

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

Read the latest GPCE bulletins:

[Yes to collective action | DDRB announcement | ARRS funding scheme expansion](#) (9 August)

[DDRB pay award | our vision for general practice | GP Practice Survival Toolkit](#) (29 July)

Read the [Sessional GPs newsletter](#)

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