

CLMC Bulletin 531 – 07.02.2023

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](#)

Support for Earthquake in Turkey and Syria

Turkey is a place that many of us know with great fondness from holidays with family and friends over many years. Syria is also well known, but perhaps for different reasons with the Syrian Conflict now in its 11th year. Many of us may also have family and friends who live in the region.

The people of these two countries have just experienced the most horrendous earthquake that has already resulted in the deaths of more than 5,000 people. As we are all too aware, it is usually the people in local communities that are most directly affected, and the people of Syria and Turkey are no different.

For many different reasons, people are likely to find it difficult to process the images they are seeing in the news and across social media. The term “triggered” may be familiar. This term is used to describe when someone is *“experiencing a strong emotional reaction of fear, shock, anger, or worry, especially because they are made to remember something bad that has happened in the past”* (Cambridge Dictionary). Emotions such as distress, shock, fear, vulnerability and feeling out of control or overwhelmed are all natural emotional responses to events that are outside our usual day to day experiences. Although they are natural responses, they are not always easy to manage or process and, for some, seeing the devastation in our news feed may trigger emotions that relate to something else entirely.

It is our experience that when a traumatic event affects a large group of people, there is a tendency to seek support from our family, friends and colleagues as we are sharing the experience and can talk more openly about our emotional responses to it.

There are, however, likely to be people that may need further support. It is important, therefore, that your colleagues are reminded of the support that is available from Validium so that they can call when they need the independent support we can provide. Below is a number of articles along with the short videos that may help you to ensure support is visible for you and your colleagues.

- [Supporting yourself in time of crisis](#)
- [Supporting staff in time of crisis](#)
- [Looking after yourself following a distressing event](#)
- [Trauma and recovery](#)
- **Video - [A reminder of your EAP service](#)**
- **Video - [4 top tips to reduce anxiety](#)**

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

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 experience 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.

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](#)