Workload Management Policy Group – Work Planner 2017-18

Terms of reference:

- To consider and develop policy on all issues related to workload in general practice including: safe working limits, integrated urgent care, primary/secondary care interface, self-care and social prescribing and data collection
- To consider and develop policy to help control workload in general practice
- To advise on issues relating to workload control
- To provide advice to and produce guidance for local medical committees (LMCs) and the profession
- To develop policy expertise in all work plan areas and advise the negotiators on strategic policy development and negotiations
- To ensure that, when considering the issues, a four nations approach is taken and that the group takes account of the interests of all GPs that the GPC represents
- To liaise with other GPC policy groups on matters of mutual interest and to work on joint policy as necessary
- To regularly report to the General Practitioners Committee (GPC) on its activity.

Policy Lead: Matt Mayer

Deputy Policy Lead: Mary McCarthy

GPC Executive Team Lead(s): Farah Jameel, Mark Sanford-Wood

Policy Team:

Brian Balmer
Mark Corcoran
Pamela Martin

Charlotte Jones
Andrew Cowie

Co-opted: Nimish Shah

Staff lead: Robert Kidney

For more information please contact info.gpc@bma.org.uk
<table>
<thead>
<tr>
<th>Topic</th>
<th>Plan</th>
</tr>
</thead>
</table>
| Safe limits of working in General practice | • Ongoing work following Safe Working Limits paper in line with will of Conference  
  - Define different types of appointment, different types of workload in a working day (eg: path, documents, letters, scripts etc)  
  - Define total time at work  
  - Define safe whole time equivalent (WTE) list size  
  • Source examples of Hub/Coop working from around UK  
  • Implementation resources for localities to work in this way                                                                                       |
| Primary-secondary care interface          | • Overlap with Clinical Policy area  
  • Ensure breaches in the hospital contract are enforced and explore ways that this might be done                                                                                                 |
| Workload Control Toolkit                  | • Develop home visit policy to support practices  
  • Clarify policy around out of hours dental provision  
  • Promote an avoidable appointment audit tool  
  • Defining the role of the GP  
  • Explore and develop procedures for GPs to divert excess workload to other NHS services, within the constraints of the current contract  
  • Explore ways to ensure GPs are paid for all work done, and that their time is logged and recorded accurately.                                        |
| Workload Data Collection                  | • Hold regular meetings with NHSE re: workload data collection  
  • Ensure data quantifies how far above safe levels GPs are working at  
  • Address current/historical data inadequacies  
  • Collect self-reported data on safe workload breaches                                                                                           |
| Self-care and social prescribing          | • Collect examples of social prescribing from around the UK  
  • Produce guidance document on how social prescribing can be used to reduce GP workload                                                                                                      |
| Integrated Urgent Care                    | • Represent the BMA at NHSE IUC steering group meetings  
  • Seek reduction in GPs being used in lieu of dentists out of hours  
  • Ensuring there is no encroachment of IUC workload into in-hours appts                                                                           |