ARM2022

Fighting for our rights, fighting for our future

GPC report to ARM 2022

GPC UK

General practice has continued to deliver for communities throughout the UK despite the extraordinary pressures the profession is under. The flu vaccination campaign set a new record in 2020-21, and then exceeded that record in 2021-22. Paediatric immunisation levels have maintained at high levels.

This is in the face of consistent misleading media narratives of GP practices being shut, which is not only untrue, but has a damaging impact on GPs. Nevertheless, the BMA's joint-campaign with GPDF, Rebuild General Practice, has gone a long way to countering this narrative and educating patients on the difficulties general practice faces. The campaign's core asks are for the UK Government deliver on its workforce commitment in England; efforts to tackle the factors driving GPs out of the profession and plans to reduce workload and improve patient safety.

Since it was launched on 21 March, the campaign has generated more than 240 pieces of media coverage, hundreds of thousands of social media impressions, and initiated a programme of proactive reach out and engagement with the media, politicians, and the profession. You can find out more about the campaign at www.rebuildgp.co.uk and follow its day-to-day activity on Twitter.

A key focus of GPC UK this year has been reforming the committee to make it more effective. The aim is to make GPC UK an oversight committee for its component committees, allowing them to continue to take forward their work lobbying and negotiating, while GPC UK came become a knowledge-sharing hub. Furthermore, GPC UK will continue its role looking at representation across the committees and education and training at a UK-wide level. Progress has been made in this area. GPC UK has voted for its policy groups, except representation, to be relinquished to GPC England, reflecting where the work of these policy groups was focused, and to change the remit of GPC UK to that stated above. Further work is needed to change the membership of GPC UK to make it leaner and more efficient.

The rest of this report contains updates from the six component committees of GPC UK: GPC England, Northern Ireland GPC, GPC Scotland, GPC Wales, Sessional GP Committee, GP Trainees Committee. These committees have delegated responsibility for taking forward much of the work for GPs in the UK, including negotiations with the respective governments.

GPC UK on behalf of all its component committees would also like to record its thanks to the many BMA staff, past and present, who continue to work incredibly hard for the profession in trying circumstances.

Phil White, GPC UK chair

https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/general-practitioners-committee-uk-overview

GPC England

This year saw the election of the first female chair of GPC England, Dr Farah Jameel, along with a new executive team of Kieran Sharrock as deputy chair and Richard Van Mellaerts. Thanks are due to outgoing executive team members Mark Sanford-Wood and Krishna Kasaraneni for their extraordinary work contributing to general practice over many years. Particular thanks also to Richard Vautrey, former GPC UK and GPCE chair, for his many years of service to general practice, which included numerous significant achievements. Richard will be staying on GPCE for another year as an ex-officio member and the committee will continue to benefit from his immense experience and knowledge built up over many years. Richard has been a member of the executive team for 18 years and a member of the committee for 21 years.

COVID-19 has continued to significantly impact GP services and staff throughout the year. As in earlier waves of the pandemic, GPCE's priority has been to keep our patients, GPs and their teams safe, enabling the delivery of high-quality care, and to support our dedicated teams through significant challenge. This included providing vaccinations and booster jabs, maintaining infection prevention and control measures, and encouraging all patients to be vaccinated. GPs and their teams in England have provided expert care to 56 million patients in the community, many who have been supported through multiple rounds of vaccinations, and COVID-19 since the beginning of the pandemic.

Alongside this unprecedented pressure GP teams have delivered 367 million appointments in 2021, by rapidly adapting services to ensure the safety of patients, around 6.5 for every person in the population, along with 4.2 million cancer referrals.

General Practice delivered the overwhelming majority of the NHS COVID-19 vaccination programme that has provided the country with a shield against COVID-19.

Despite these monumental efforts, dealing with the pandemic has inevitably had an impact across the health service, including on the amount of planned care the NHS has been able to provide. The resultant longer waits for patients and rapidly increasing waiting lists are crippling all parts of the NHS and are acutely felt in General Practice.

The contract changes this year were not agreed. The GPC England Executive entered

negotiations in good faith only to find that NHSEI were unwilling to flex or amend their fixed plans. This was reflective of the wider picture across the whole NHS amid the disruption caused by the pandemic, this was an unacceptable situation. For future negotiations, we are looking to understand exactly what GPs, practices and patients need and want. For that reason, we are developing a comprehensive engagement plan so that we can gather feedback from the profession and our patients. Having this understanding will help us reach a stage where negotiating parties can agree heads of terms for a 2024 contract and beyond that supports independent contractors to continue delivering excellent services to patients that we all know they can. We have already engaged with the Health and Social Care Select Committee, with the Fuller Stocktake, with the Royal College review of the future of general practice, and we will continue to regularly meet with NHSEI and DHSC representatives to shape the narrative about a future contract in advance of starting negotiations.

There has been ample engagement surrounding PCN DES. Suffice to say, as currently designed, ie without consideration for local challenges or wider contextual matters such as recruitment, retention, the impact of the pandemic, cost inflation etc, GPCE does not see this as the right vehicle to support contractors, practices or patients. We have communicated this to practices and PCNs, and are hearing that some practices have withdrawn from the DES. If NHSEI continues to apply rigid and inflexible central rules and under-resource the DES, we will continue to highlight its flaws to practices and LMCs. We will produce more guidance to support practices to weigh up the pros and cons of delivering the DES. We have already written to NHSEI requesting another opt out window later this year.

Following feedback from committee members, staff and Organisation Committee, GPCE are beginning to explore changes to the committee structure, particularly its policy groups. This will be a collaborative process, inviting comment and input from many. The intention of changes will be to improve the functioning and effectiveness of the committee as well as ensuring democratic accountability.

Farah Jameel, GPC England chair

https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/england-general-practitioners-committee

Northern Ireland GPC

In September 2021, Dr Alan Stout was elected chair of NIGPC for a second three year term. Dr Stout is supported by deputy chair, Dr Frances O'Hagan, treasurer, Dr Arnie McDowell and the negotiating team comprising the LMC officers. Particular thanks go to former deputy chair, Dr David Ross who stood down from his role and from NIGPC after many years' service.

Like the other nations, the Covid-19 -pandemic continued to play a major part in general practice in Northern Ireland this year. General practice in Northern Ireland maintained services for patients and saw more people than ever contrary to some negative press coverage. Current demand is over 10% of the population each week with 50% seen face to face, which are phenomenal numbers but hard to sustain. General practice in Northern Ireland played a major role in the Covid-19 vaccination programme and also successfully delivered the largest ever flu vaccination

programme.

The Northern Ireland LMC conference was held in November. The theme was, 'Lessons learned through covid and how we reinvigorate general practice partnerships.' The Minister for Health, Robin Swann and the Chief Medical Officer, Professor Sir Michael McBride addressed conference and both expressed their gratitude to conference for the invaluable role that general practice played during the pandemic.

As a result of the Health and Social Care Act 2022 (Northern Ireland) the Health and Social Care Board was dissolved on the 31 March 2022. From the 1 April 2022, the Strategic Planning and Performance Group (SPPG) will operationalise the GMS Contract and provide a contract management function across all GMS contractors.

The two year contract freeze with guaranteed income negotiated at the beginning of the pandemic ended on 31.3.22. NIGPC negotiated the contract 'restart' with the Department of Health. The contract is being re-introduced in a measured manner with 176 QoF points retired and moved to a new QI domain which sits much closer to core service. With the remaining points NIGPC have changed most timeframes to 24 months, and most thresholds to around 50% to facilitate a journey back into activity without overburdening practices. Enhanced services have been restarted but guaranteed at previous payment levels to allow practice discretion on clinical priority.

NIGPC have had extensive discussions with the Department of Health on premises and are planning for a large capital expenditure next year to buy out problem premises and move them to Trust ownership. The revenue will then be recycled to allow for development of other premises. NIGPC has also agreed an increase in GP training numbers by 10%, with further increases in subsequent years.

Finding a solution to indemnity for GPs in NI remains a priority for NIGPC. Discussions with the Department of Health are ongoing.

In March, the Health Minister advised that they had agreed a way forward for the further roll out of the MDT programme. However, the full roll out plan is dependent on the availability of funding. This has been harmed by the fall of the Northern Ireland Executive and the subsequent inability to agree a multi-year budget. This is also having a significant effect on the overall service and system rebuild.

Alan Stout, Northern Ireland GPC chair

https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/northern-ireland-general-practitioners-committee

GPC Scotland

In December BMA Scottish GP Committee and the Scottish Government agreed £30m of sustainability payments for GP practices – to help support practices during the winter and also to recognise that practices are continuing to provide services that should have transferred to health boards as part of the 2018 contract. A circular was sent on 31 March with details of item of service payments for

vaccinations provided by practices from 1 April for the period 2022-23. These IOS payments are in addition to historic vaccination funding that we have agreed will remain with GP practices. An interim circular was also issued with instructions for health boards to issue notices to practices to continue vaccinating where needed this year and will be followed by broader directions in due course. The expectation is that most practices (with the exception of a small number of remote and rural options appraised practices) will cease providing vaccinations by March 2023 as this service will have transferred to the health board.

The chair of BMA Scottish GP Committee met with the Cabinet Secretary for Health and Social Care on 19 January to discuss the immediate pressures and challenges of the pandemic on GP practices, priorities for general practice over the next 6 months including: continued implementation of new contract, the need for capital investment in GP premises, and improved GP activity data collection.

The National GMS Oversight Group met on 23 February and discussed contract implementation in remote and rural areas (options appraisal), the growth of Primary Care Improvement funding to support additional multidisciplinary teams (planned 22/23 funding is £192m), that by end of March 2022 there will be considerable expansion of WTE MDT staff recruited to provide services to patients/general practice, and consideration of implementation tracking which shows continued progress (but also that many areas are still some distance from fully established services being in place).

The Scottish Government issued a circular on 8 March stating that they will be closing all COVID community pathways by 31 March and that patients who are concerned about potential COVID symptoms should seek advice from their GP practice. We have agreed with Scottish Government that the impact on practice workload will be monitored.

We have negotiated amendment General Medical Services regulations with Scottish Government to formally establish that health boards have a responsibility to provide pharmacotherapy services, and CTACs (community treatment and care) services to patients and GP practices which will be in effect from 28 May. As part of this we are also working on Directions with Scottish Government that will detail the service specification of the pharmacotherapy and CTACs provision from health boards.

Phase 2 discussions of the contract have been re-established with the Scottish Government with a focus on delivering a consultant equivalent income, reimbursement of practice expenses and delivering a planned expansion of the GP workforce according to where there is greatest need. A second income and expenses data and survey are being considered to inform on phase 2.

Andrew Buist, GPC Scotland chair

https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/scottish-general-practitioners-committee

GPC Wales

This year sees the final session of GPC Wales under the leadership of Dr Phil White as

chair. Dr White has been supported throughout by the GPC Wales Executive team which is composed of the directly elected negotiators: Dr Gareth Oelmann (Deputy Chair), Dr Ian Harris, Dr David Bailey and Dr Paul Emmett. Particular thanks go to former Deputy Chair of the committee, Dr Peter Horvath-Howard, who retired from clinical and medico-political work during this session after many years' service.

Throughout the pandemic, General Practice in Wales as elsewhere has maintained services, despite what certain factions of the press and the Westminster Government think. Practices quickly adapted to incorporate infection control protections – many of which were retained in Wales on a legal basis longer than elsewhere. Methods of remote consultation were rolled out at speed, enabling GPs to cope with patient demands with minimum health risks to both patients and staff. During these conditions GPs in Wales were able to exceed the previous year's record uptake for flu vaccination in the over 65-year-old age group.

Anecdotally, we know from members that demand upon practices is now far higher than pre-pandemic levels, but we do not have nationally available verified data on consultation numbers in Wales to back this up. Recognising this gap, we negotiated a Data Quality Improvement project that will encourage practices standardise their activity coding according to nationally agreed categories and in turn allow for data extraction which we are confident will demonstrate the pressures facing Welsh General Practice.

We have been engaged with Welsh Government and Health Board representatives on the role of general practice in tackling the NHS Wales backlog for planned care, ensuring that any expectation upon GPs to review the referral lists comes with appropriate funding and there is no un-resourced transfer of work. We have strongly argued for proper national governance around the development of NHS Wales-wide clinical pathways and continue to make representation on various groups.

Working with partner organisations, we have continued to lobby Welsh Government to bring forward electronic transfer of prescriptions in Wales, as recommended by an independent review which they commissioned. Given that e-prescribing systems have operated in England for a number of years, it should not prove impossible to rapidly introduce capacity across the border. GPC Wales will be represented on the professional engagement group which will steer this vital work going forward.

Our collaborative working relationship with Welsh Government and NHS Wales resulted in a contractual agreement for 21/22 which we hope will go some way to support practices under great duress. The contractual arrangements in place will see GPs and their staff rewarded for their extraordinary efforts during a time of unprecedented demands, with investment enabling the DDRB's recommendation of a 3% uplift for GPs and their staff to be met. Whilst we are of course pleased that hard working GPs and practice staff are finally able to receive their pay uplift, we have stated clearly throughout our negotiations that linking the pay award to contractual change is inappropriate.

This year we introduced a Contractual Implementation Group which began work following the formal agreement, which ensured that we had an active role in developing and approving the contractual guidance and agreement. Whilst the process was protracted overall, this was a positive step for the rollout of the contract across Wales.

Recognising the immense current pressures, the agreed Additional capacity funding over the next three years, will go some way to addressing the deficit GPs face in workforce to deliver the services they would wish to. There are clear commitments for Protected Learning Time sessions which ensures practices have the breathing space to develop and train their teams to better recognise patient needs.

The new Access Commitment reaffirms Welsh Government's strong support for the blended model of access rather than a rush to have all appointments conducted face-to-face once again. The commitment is underpinned by a second phase of Access Standards, once again incentivised through QAIF points and therefore a decision for each practice whether to engage. Alongside agreement for practices to offer a range of urgent, pre-bookable and remote appointments, Welsh Government have committed to step-up public messaging around the blended model of access. It is crucial that patients understand the pressures facing the profession and what the existing workforce can realistically deliver.

In parallel with the forthcoming 22/23 negotiations, we have engaged in a tripartite discussion on the fundamentals of general practice coming out of the pandemic, which further to negotiations and a ballot of the profession in Wales, may result in a wholesale update to the 2004 GMS regulations.

Phil White, GPC Wales chair

https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/welsh-general-practitioners-committee

Sessional GPs committee

2022 marks the final year of Ben Molyneux's chairmanship of the sessional GP committee, who, with the support of his executive – Paula Wright, Venothan Suri and Krishan Aggarwal – helmed the committee through the crucible of the global pandemic. Despite the grave circumstances, the committee has continued to champion the employment, standing and wellbeing of sessional GPs throughout the session.

In its submission to the DDRB in the 2021/22 year, the committee again made the argument that the DDRB needs to reconsider its approach to issuing pay ranges for salaried GPs. Not only are these ranges not really within the gift of the DDRB – given that pay negotiations generally happen at a local, individual level – but they massively understate the reality of pay on the ground. This has the effect of putting salaried GPs on the back-foot in pay negotiations (especially where employers rely on the DDRB range as a guide), and it also misleads employers regarding the true cost of employing a salaried GP.

Alongside our protestations to the DDRB, we have made significant progress on a work programme designed to underscore the flaws of the ranges it produces. Using existing data from a survey carried out in 2020, we have demonstrated that – in England, at least – the pay range issued by the DDRB is woefully low, and have instead issued an illustrative pay range to more accurately demonstrate the "going rate" for these GPs. We are now pushing ahead with a wider project designed to

build a comprehensive evidence base of salaried GPs' earnings, which will include a survey to members in the coming months. At a minimum, we expect that the results will support us to make our case incontrovertibly to the DDRB in the 2022/23 round that these doctors are not served well by the existing range. At best, we also hope to be able to offer sessional GPs across the four nations a reliable alternative set of pay ranges that can be used in negotiations with employers. These GPs deserve to know what they ought to be paid – and to not have salaries artificially suppressed by the DDRB.

In a similar vein, we have been working to improve the pay of locum GPs. In recent years, locum GPs have felt that they cannot share their charging rates with other locums, for fear of coming afoul of competition law. The effect of this was to keep locums in the dark about the cost and value of the work they carry out. The SGP has since produced guidance, underpinned by specialist QC advice, confirming that locums can share freely the rate they charge an existing employer for their services, so long as they do not collaborate and agree collectively to work for no less than a given amount in a specific locality or setting. This critical piece of guidance was very well received, and will no doubt form the basis of constructive discussions on pay amongst locum communities for years to come.

Recent years have seen a growth in the number of sessionals working in the NHS, as an ever-greater number of GPs turn to salaried or locum work. In order to better represent this cohort, the SGP has commenced a process aimed towards establishing itself as a separate branch of practice within the BMA, rather than its current configuration as a subcommittee of GPC. The SGP has made its case to the BMA Organisation Committee, which has issued a roadmap to progress this effort. Work to improve the independence and sovereignty of sessional GPs, whilst ensuring effective working relationships with its partner committees, will continue through to the new session.

The SGP has a very wide mandate, and is responsible for representing and supporting doctors working in non-traditional settings. The committee has worked tirelessly to ensure these doctors have access to high-quality advocacy and support. Recently the committee has campaigned for the introduction of fundamental employment protections in zero-hour or pro-rated settings, including clinical lead roles in CCG/ICSs. It has also produced several new pieces of guidance to create a toolkit for GPs working in non-traditional roles, such as in online consulting and urgent and emergency care, thereby filling a vital gap in the guidance the BMA provides to these doctors.

Sessional GPs have consistently demonstrated their reliability and flexibility in the face of unbelievable pressure, and act as a load-bearing pillar of the NHS. Ongoing governmental murmurings about a more vertical NHS simply underscore how vital it is that the BMA continue to advocate for the interests of these doctors.

Ben Molyneux, sessional GPs committee chair

https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/sessional-gps-committee

GP trainees committee

In September 2021, Dr Euan Strachan-Orr was elected chair of the GPC GP Trainees Committee (GPTC), to serve a 1-year term, taking over from Dr Lynn Hryhorskyj, who has now gained her CCT in General Practice. Dr Strachan-Orr is supported by the wider GPTC executive, including Dr Josie Cheetham as Deputy Chair and Welsh Lead, Dr David Smith as Terms and Conditions Lead, Dr Anem Mirza as Education and Training lead, Dr Andrew Wilson as Northern Ireland lead, and Dr Eric Fung as Scottish lead. The committee equalities champion Dr Sakaria Farah also attends executive meetings. The team have worked tirelessly throughout the session to support GP Trainee members throughout the ongoing pandemic, and guide the work of the committee at a challenging time.

Contractual matters are a devolved matter, and GPTC work closely with national Junior Doctor Committees across the four nations in improving the terms and conditions for GP Trainees. Our key workstreams this year have included continuing highlighting of the trainee entitlement to mileage from home to base on days a home visit may be expected, as well as for the visit itself, as per the latest iteration of the Junior Doctor Contract in England, as well as the supernumerary status of GP trainees. In Wales, junior doctors have been in contract talks with Welsh government. We have been working with our colleagues in Wales throughout this process to make sure we see improvement for GP Trainees. In Northern Ireland, GP Trainees now benefit from the convenience and security of a Single Lead Employer throughout training, allowing less switching of employers during training, and continuity of pay and HR contacts.

The pandemic has caused significant changes to educational aspects of GP Training, with the Recorded Consultation Assessment (RCA) replacing the Clinical Skills Assessment (CSA) being the biggest change. We have been feeding into RCGP discussions regarding the new CSA replacement, following consultation within our committee, where it was clear the RCA was not a viable option long term. Differential Attainment is a key aspect we have emphasised a new exam must address. Whatever form the new exam takes, it must be accessible to candidates across the UK, no matter where they are based. We also continue to lobby the RCGP on AKT issues. For both exams, access to reasonable adjustments has been a key area of lobbying, and we are now seeing increasing clarity from RCGP regarding requirements and deadlines to apply for such adjustments. We hope to continue to work with the college to streamline this and work on other concerns.

GPTC strives to ensure we have a committee representative of our membership. We have focused heavily this session on how we can better support International Medical Graduates in General Practice, and have recently advertised for our first IMG champion. This is in addition to our ongoing commitment to an equality champion, which has proved a great success. One area of particular concern is the tier 2 visa cliff edge many IMGs find themselves on at the end of GP Training, causing significant distress, which can potentially mean the loss of fully trained GPs due to bureaucratic red tape. We have been working closely with the other GPC Committees in lobbying at the highest levels on this issue.

The biggest piece of work we have undertaken this year is our survey, over a year in the making. Our survey allowed trainees to share the positive and negative experiences during their training – as well as their future career plans. The results of

our survey have been widely shared and quoted, which is not surprising considering some of the findings. The findings, outlined in a blog by the GPTC Chair, highlighted shocking statistics regarding abuse and harassment during GP training, as well as worrying findings regarding the impact work is having on GP trainees. The questions on future working plans will also play a key part in ensuring we develop a General Practice model that is flexible and fit for the future, to help retain and allow GPs to work in a way that works for them, while delivering the services patients need.

GP trainees are the future of the profession. Any organisational change in General Practice will have the biggest impact on GP Trainees, as we will live with it the longest. It has never been more vital that trainee voices are heard at a time when it feels General Practice as we know it could change forever. The GPTC will continue to advocate for GPs in training regarding all aspects of General Practice, both those directly related to our training, and influencing and lobbying for the development of a General Practice that we want to work in post CCT.

Euan Strachan-Orr, GP trainees committee chair

https://www.bma.org.uk/what-we-do/committees/general-practitioners-committee/gp-trainees-committee