ARM2023

General Practice Committee (GPC)
Written report to the ARM 2023

General practice across the UK has continued to deliver for communities throughout the UK despite the extraordinary pressures the profession is under. We have a UK wide crisis in general practice, albeit with some clear nation specific issues and different challenges in each. Despite a very different situation across the four nations, with some very significant decisions to be made in the coming months, we share the same main challenges in workforce being too small, workload being too high and often unsafe, and funding simply being significantly less than what is needed.

GPC UK

The GPC chairs met in September 2022 to review progress of the GPC UK reforms. Following concerns by BMA council, along with GPC UK members, about there being no chair of GPC UK, as a result a vote was held to have a co-chair arrangement between Andrew Buist and Alan Stout for the 2022-23 session.

Discussion over the reform of GPC UK has continued this year to make it more effective, and to create parity between its component committees. However, the committee voted against the new proposed membership at its meeting in March 2023. Further consideration is needed and making sure the governance of the changes was appropriate.

This year, GPC UK has also discussed the proposal to introduce non-GP doctors, such as staff and associate specialists, into primary care. The committee has concerns over this proposal and does not believe that this would solve the issues in primary care; the programme would need funding and a clear pathway with progression opportunities. The committee does not approve this role within primary care, but will stay involved to help steer the process.

The rest of this report contains updates from the six component committees of GPC UK: GPC England, Northern Ireland GPC, GPC Scotland, GPC Wales, GP trainees committee, and sessional GP committee. These committees have delegated responsibility for taking forward much of the work on behalf of GPs across 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.

Dr Andrew Buist and Dr Alan Stout,
GPC UK co-chairs

GPC England

In July 2023, the GPC England executive team became the GPC England officer team, with a chair and three deputies, as a result of a vote by the committee. This year also saw two new members to the GPCE officer team – Dr David Wrigley joined the team as deputy chair in August 2022, and Dr Clare Bannon as deputy chair whilst the chair, Dr Farah Jameel, is on maternity leave.

Following a decision by GPC UK to transfer some of its policy groups to GPC England, GPCE has changed the structure so that there are now four GPCE policy groups: workforce & organisational development; healthcare delivery; contracts & strategy; digital transformation. The intention of these changes was to improve the functioning and effectiveness of the committee as well as ensuring democratic accountability.

General practice in England continues to experience significant and growing strain with declining GP numbers, rising patient demand, and struggles to recruit and retain staff. The GP workforce figures in March 2023 showed

that there are 2,059 fewer fully qualified GPs than in September 2015. In addition, the number of GP practices has reduced by 92 over the past year – reflecting a long-term trend of closures and mergers. We have therefore called for an emergency support package to stop practices closing, noting that hospital trusts received £1.5bn and general practice has received nothing.

This coincides with a rise in patients: as of March 2023, there was a record-high of over 62.4 million patients registered with practices in England, resulting in record-high average of 9,740 patients per practice, or 2,285 patients for each FTE GP. Despite this, GP teams in England delivered about 329.2 million standard (non-Covid) appointments between January 2022 and December 2022 – this is about 341.6 million when Covid vaccination appointments are included.

NHS England's primary care recovery plan, published in May, highlighted the need to support general practice, but then only announced extra money for pharmacies and did little to address GPs leaving the profession, or how we retain the staff that we already have.

The pressure of inflation, minimum wage rises, and spiralling staff costs are having a huge impact and general practice is at the brink of collapse, with unsafe volumes of work being expected of an ever diminishing and demoralised profession. As happened last year, the Government chose to impose the contract changes of the final year of the five-year contract, despite GPCE officers negotiating in good faith and already having rejected these proposed changes, NHS England refused to grant any of GPC England's reasonable demands.

As a result of this, in April 2023 GPC England voted to prepare for balloting and industrial action if Government do not meaningfully negotiate and provide the support required by practices and patients in forthcoming negotiations. GPCE will continue to engage with the government and NHS England to develop a fit for purpose contract which focuses on the safe provision of care, whilst also empowering GPs to take industrial action if government do not negotiate in good faith. We will be engaging with grassroots members, practices and LMCs to understand what GPs, practices and patients need and want. We also continue to engage with the Health and Social Care Select Committee, the RCGP, and other stakeholders.

In the meantime, as current working conditions are not safe for patients or GPs, and because the imposed contractual changes do not recognise the immense pressures that GPs are under, GPCE continue to encourage practices to use our updated safe working guidance to prioritise care, and deprioritise certain aspects of their day to day activity, within the confines of the GMS contract. As part of this guidance, we strongly recommend practices take immediate measures to move to 15 minute appointments, move towards capping consultation numbers to a safe number per day.

Since September 2022, GPCE has also focused on GP wellbeing due to the pressures that general practice workload is placing on the mental wellbeing of GPs. As part of this, GPCE recommended practices take some time out to reflect on their wellbeing and discuss safe workload on 9 September 2022, and followed this up during stress awareness month in April 2023. As part of this work, we updated our safe working guidance and continue to promote wellbeing resources.

Dr Kieran Sharrock,
Acting chair, GPC England

GPC Northern Ireland

In September 2021, Alan Stout was elected chair of NIGPC for a second three-year term, 2021-2024. He is supported by deputy chair, Frances O'Hagan, treasurer, Arnie McDowell and the negotiating team comprising the LMC officers.

The crisis in general practice in Northern Ireland has continued to deepen. NIGPC has repeatedly raised concerns with the Department of Health about the sustainability of general practice. The situation has been exacerbated by the ongoing lack of political leadership, severe financial constraints and widespread cuts. Sixteen practices (5%) have handed back their contracts and many more are in crisis. A failure to adequately address underfunding, increasing workloads and recruitment difficulties is putting surgeries under increasing pressures.

At the Northern Ireland LMC conference in November 2022, conference called for a contract freeze and gave NIGPC a clear mandate to explore the development of alternative models for the delivery of primary care. Subsequently, in December 2022 NIGPC negotiated a contract freeze until 31 March 2023 when negotiations for 2023-24 began, where NIGPC resolved not to accept a rollover and the main asks were around three fundamental pillars of simplification (with a reversion to core), value and safety (25 patient consultations per day). NIGPC successfully negotiated a full QOF freeze with income guaranteed which was not dependent on any other activity being carried out.

The Department of Health proposed that the 2023-24 contract year would be a transition year whilst working

towards final agreement. NIGPC debated if it was possible to save general practice within the current framework and if the Department's proposals for 2023-24 was sufficient to buy time for the profession pending a sustainable solution to the current crisis. Broad agreement was reached that this was an acceptable starting point for negotiations.

After protracted discussions with the Department, a solution to indemnity for GPs in Northern Ireland is still outstanding.

As mandated by conference, NIGPC established a working group to look at options for delivering primary care and to scope a way forward, and a paper is being drafted with the aim of consulting with the profession on a way forward.

Another major issue having a hugely detrimental effect on practices is premises, which are in many cases not fit for purpose. Plans for capital expenditure on GP premises did not materialise, compounded by increased service charges levied at practices in Trust owned premises and the continuing lack of proper leases and service level agreements. NIGPC is in discussions with the Department of Health and has sought legal advice on the way forward.

Dr Alan Stout,
Chair, Northern Ireland GPC

GPC Scotland

The chair of GPC Scotland (SGPC) met recently with the newly appointed Scottish Health Secretary to discuss the emerging crisis in general practice. He outlined the GP workforce shortfall as evidenced by falling WTE, rising vacancies, lack of progress in Scottish Government planned expansion of GP numbers resulting in the average number of patients per GP increasing significantly and the impact this was having on practice sustainability with the continuing return of GMS contracts with almost 10% less practices now than 10 years ago.

Chronic underfunding of general practice was at the route of the problem, and this requires urgent action by Scottish Government. The 2018 GMS contract is now 5 years old and has been failing to deliver what had been promised due to underfunding and poor workforce planning. SGPC still supports the intentions of the contract as the solution including the planned second phase of income and expenses reform, but this will require greater investment than Scottish Government has so far committed. Without this investment the situation would continue to deteriorate. This had been further exacerbated last year by inadequate practice expenses for staff and utilities, withdrawal and then removal of agreed transitionary services funding and the removal of over £65M of Primary Care Improvement Fund reserves from Health and Social Care Partnerships.

Morale in general practice is low and it is anticipated this will be demonstrated in a wellbeing survey currently being conducted. Inability to retain GPs is undermining the progress being made to increase the number of new GPs entering the workforce.

SGPC issued safe workload guidance to practices in November, and we are encouraging more practices to consider adopting this to maintain quality services and to better protect their wellbeing.

Dr Andrew Buist,
Chair, GPC Scotland

GPC Wales

GPC Wales has negotiated a new streamlined and simplified GMS contract with the Welsh Government and NHS Wales. Emphasis has been placed on clinical judgement with a focus on things only GMS can and should do at an individual practice level.

Significant changes to the contract structure have been negotiated across the last few contract rounds, such as redefining the core GMS offering, reforms to the Quality Improvement Framework, removal of clinical QOF domains and consolidation of the associated funding.

Despite all this positive news, GPs in Wales were disappointed in the Welsh Government's decision to exclude general practitioners from their 2022/23 pay enhancements.

20% of Welsh practices have closed in the last ten years, and our recent member survey predicts that more will follow unless the chronic underfunding of GMS in Wales is addressed.

Dr Gareth Oelmann,
Chair, GPC Wales

GP trainees committee

Throughout this session, the GP trainees committee has remained steadfast in their commitment to advocating for the rights and well-being of GPTs, with a particular focus on the pay restoration campaign. Collaborating closely with the UK JDC, the GPTC has been at the forefront of efforts to secure full pay restoration for all junior doctors in England, in recognition of the significant real-terms pay cuts GP Trainees have suffered since 2008. This also includes holding the government accountable to their promise made in 2019 to explore our concerns regarding the relative pay of GP trainees compared to hospital-based trainees.

In a remarkable show of support for this campaign, over 37,000 JDs responded to the ballot for IA, with a record-breaking 98% of those voting in favour of strike action. GPTC produced comprehensive guidance and held several events to educate members about FPR and how they can become activists in their areas. This campaign remains ongoing, and the GPTC is committed to finding new ways to support members throughout this important work. Additionally, the guidance and lessons learned will be used to assist colleagues in Scotland as they embark on their own fight for FPR.

In addition to their efforts on the pay restoration campaign, the GPTC has also been actively working to promote the interests of GPTs in various other areas. This includes lobbying COGPED to review guidance for GPTs and trainers referenced in JDs TCs, as well as lobbying RCGP to ensure that the new exam is fit for purpose and that facilities for the exam are adequately considered. The GPTC has also worked with internal stakeholders to facilitate the introduction of self-directed training for GPTs in hospital-based posts and contributed to the BMA's position on SAS doctors in primary care to protect training opportunities for GPTs and ensure that inequalities are not neglected.

GP trainee members in practice-based posts continue to tell us that GP training needs reform to ensure time in training appropriately values trainees per se, and in terms of diversity, supports portfolio career development, enhances learning and development, reduces fatigue and burnout and provides flexibility concomitant with modern working expectations (or practices) outside of GP training. GPTC are actively working towards this and exploring how best to further catalyse such reform through various different avenues.

Overall, the GP Trainees committee has accomplished a great deal this session through their commitment, hard work, and collaboration with key stakeholders.

Dr David Smith,
Chair, GP trainees committee

Sessional GP committee

The start of this session saw a new leadership team being elected for the sessional GP committee, with Dr Bethan Roberts and Dr Samira Anane being elected as co-chairs, Dr Venothan Suri as the deputy chair and Dr Krishan Aggarwal and Dr Kalindi Tumurugoti as the executive members.

The sessional GP committee set out to develop a new strategy for 2022-2025, that outlines the committee's aim to support the autonomous working style of sessional GPs and promote conditions that support wellbeing through ensuring safe workload limits irrespective of their employer. To support this, the committee will increase their engagement with the profession and through partnership working with stakeholders.

To achieve these objectives, at the beginning of the session the committee was keen to pick up off where the previous committee had left off with a significant programme of work designed to underscore the flaws that the salaried pay ranges produce. This was done through a survey to gather information from all GPs - not just those who are currently salaried or locums - about how much salaried and locum GPs are paid and how this was determined, and the role - if any - of the DDRB pay range in this.

The data helped inform the committee's written evidence to the DDRB this year, which centred around there being a continuing demand for a salaried GP pay range to be uplift so that it more accurately reflects market forces. As a minimum, the committee asked the DDRB to increase the pay range by £9,000. Despite submitting written evidence in January to the DDRB, the committee has little faith in the process and has therefore resolved to strengthen its own illustrative pay range. More information around this will be made available in the coming months.

Further to the pay range, the committee are considering its pay strategy as a whole at a dedicated meeting. The meeting is taking place after the date of submitting this report, but discussions will focus on addressing Sessional GPs pay erosion, reviewing the model contract and tackling the gender pay gap.

Another key piece of work the committee has been progressing in a workload control toolkit, as surveys have found that practice-employed salaried GPs reported working an average of 6 hours and 45 minutes of unpaid time on top of their average of 6.1 contracted sessions. That is an additional 25% of unpaid time on top of their contracted time or equivalent to 9.6 unpaid hours a week for a full-timer. The BMA model contract makes provision for additional hours to be either paid or recognised with time in lieu. However, we know that in practice neither of these are consistently invoked which is why the committee has been developing guidance and tools to support sessional GPs to either have greater control over working hours or receive fair remuneration for all work. The overall aim of this will be to improve retention and ensure sessionals are working within safe workload limits.

Other guidance the committee have worked on this session includes training resources for employed and self-employed GPs; enhanced shared parental leave for salaried GPs (in Wales); addressing misconceptions about the GP Retention Scheme and a toolkit for GPs working outside of traditional practice.

Another key piece of work the committee have advanced comes following receiving legal advice last year, which confirmed that locums can openly disclose their rates. To this end, the committee is keen to develop a membership tool that will provide locums with the information on locum rates in any LMC patch. As currently there is no national guidance, and the nature of the independence of locums means that they are not necessarily plugged into a network of their peers which often results in uncertainty around the rates they should expect for their work.

Another member benefit which the committee is pleased to report is progressing, if the development of another web-based application which will act as a work diary to monitor the work of salaried GPs so that they can identify work patterns and support conversations with employers around job planning. The launch of both new member benefits will be announced in the coming months.

As part of the committee's desire to increase engagement with those they are representing, the committee will be hosting the first dedicated sessional GP conference in many years. It will be held on 22 September and is open to members and non-members from across the UK. We are in the process of confirming the programme, but there will be a series of plenary sessions, CPD type breakout groups and a platform in which we can hear grassroot members about what more the BMA can be doing for them.

Finally, in June, the committee was also very pleased to deliver a week's communication campaign which demonstrated the work of the committee, which had an overarching theme of 'respect, reward, retain'.

Dr Samira Anane and Dr Bethan Roberts,
Co-chairs, sessional GPs committee