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If Not Now, When?

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GP Contract Roadshow
/ Webinar



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- Your England GPC Officer Team
- What has brought us to this point?
- Referendum & Imposition
- Context of wider action
- General Election 2024
- Wider Practice Team
- Why do we need a new contract?
- What do we need from the new Govt?
- Phase 1: Why Partners? What Next...

bma.org.uk/

Did you know...



GPsOnYourSide



Did you know? 

In the last 5 years GP practices have lost funding worth over £660 million.

We're not allowed to use the poor funding we have to recruit more GPs or more practice nurses.



This is why you struggle to see your GP

The Government gives this practice just £107.57 for each patient, whatever their health needs. That's less than the cost of a TV licence.

This means we're only given 30p a day for every patient registered with us – less than the cost of an apple.



GPs want the same things that you do.

We believe nobody should struggle to see their family doctor.

We believe general practice deserves a **bigger slice** of NHS funding so we can train and hire more GPs, deliver the services you require and make it easier to get appointments to see your GP and practice team.

Did you know?



If general practice received a fairer share of NHS funding we could:

- Train and hire more GPs.
- Deliver the services you require.
- Make it easier to get the appointments you need.



This is why you struggle to see your GP

General Practice is being broken. We know you deserve better than this. GPs Are On Your Side.

We know you deserve better than this. GPs Are On Your Side.

bma.org.uk/GPsOnYourSide

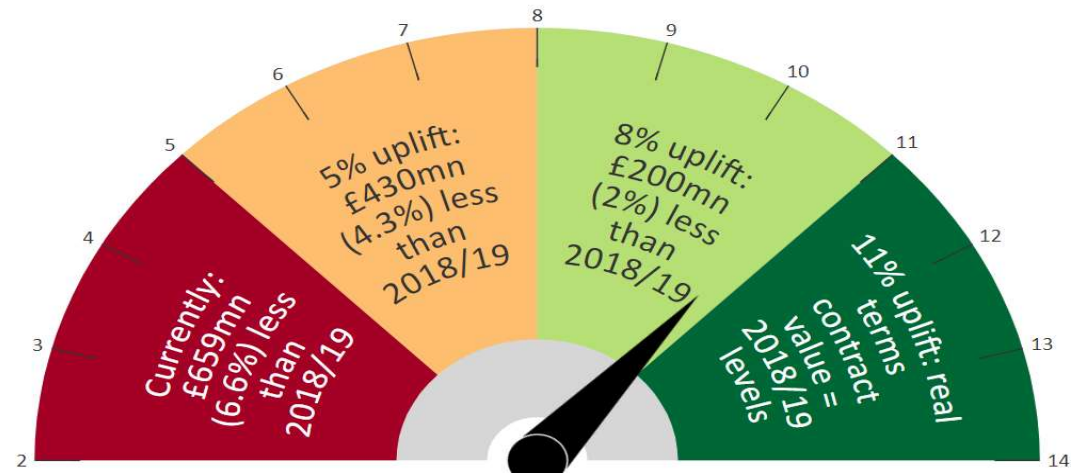
Perfect Timing

- April '24 contract fund uplift 1.9%
- Erosion since 2018/19 – 6.6%
- £660m less
- 10.7% more needed to stand still
- DDRB recommended 6% for contractor / salaried GPs *and* staff pay (24/25)
- New Government accepted BUT remaining erosion and distribution mechanism means some practices still won't have enough
- Other staff... other action?

DDRB Uplift swingometer

What will each possible % DDRB uplift really mean, in real terms, for core contract funding compared to 2018/19?

This swingometer shows you the effect of each potential DDRB % uplift on core contract funding erosion since 2018/19 (CPI)



The Window of Opportunity

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- Positive initial meetings with new Secretary of State for Health and Social Care
- Parliamentary Summer Recess
- Non-statutory Ballot closed Monday 29 July 12 noon
- Over 8,500 GPs voted, with over 98.3% voting in favour of taking part in collective action
- Profession Collective Action began on 1 August
- Our industrial action will be a marathon, not a sprint
- LMC insights – slow burn into winter

BMA Safe Working Guidance Refresh



- Original Guidance from 2015 that *everyone* can and *should* be taking
- If you're consistently willing to do something that is not resourced, it becomes an expectation and keeps investment down
- It masks the true cost of quality care, to the detriment of practices, patients, staff and longer-term investment
- Stop your hamster wheels, set the safe number of GPs per patient population
- Grasp the opportunity to appreciate fairly funded contracts to our practices & patients

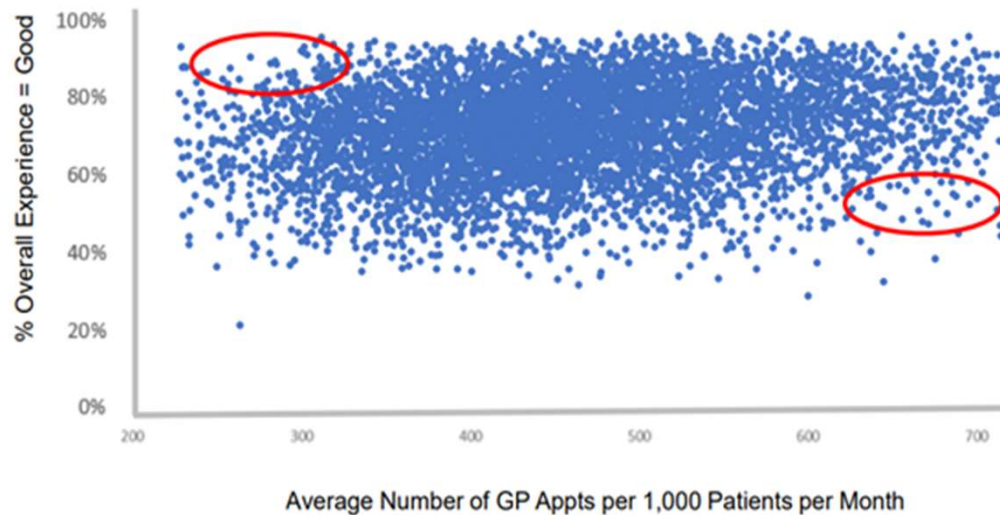
The screenshot shows the BMA website's 'Advice & support' section for 'GP practices'. The page title is 'Safe working in general practice'. The main text states: 'The BMA's England GP committee (GPCE) has generated the following guide to enable practices to prioritise safe patient care, within the present bounds of the GMS contract.' It includes metadata: 'Location: England', 'Audience: GPs - Practice managers', and 'Updated: Friday 31 May 2024'. There are social media icons for X, Facebook, LinkedIn, and Email. A table of contents on the left lists: 'Background and context', 'Appointments', 'Waiting lists', 'Patient Participation Groups (PPGs)', 'Measurement of workload', 'External un-resourced workload', ''Core' general practice', and 'Practice list closure'. The 'Background and context' section is expanded, showing text about the crisis in general practice and the impact of contractual changes in April 2022.

Why limiting daily contacts won't lead to meltdown

Overall Experience of the Practice = Good
(very good or fairly good)

vs

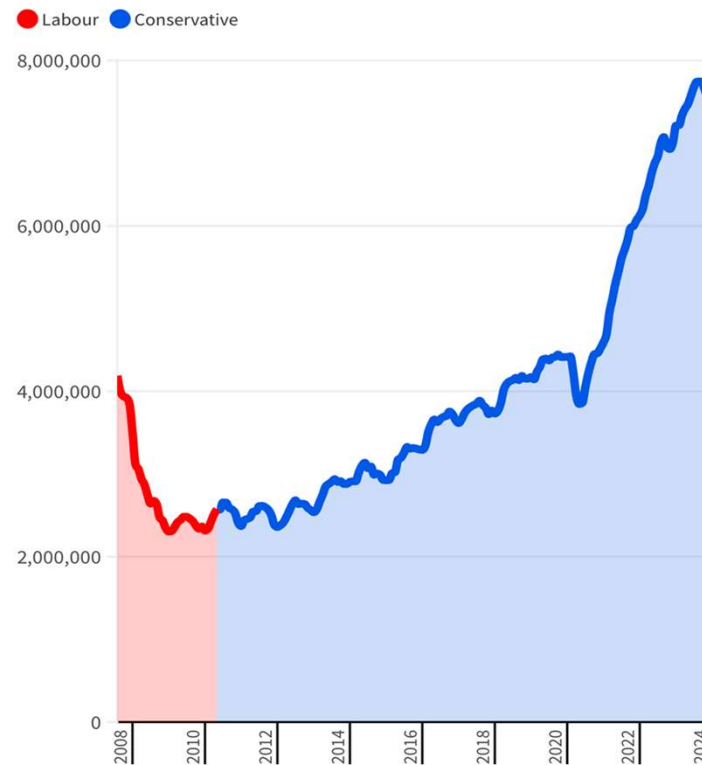
Average Number of Appointments (GP & Non-GP) per
1,000 Patients per Month



- **BMA Safe Working Guidance is imperative**
- **We must learn from other parts of the NHS**
- **We need to control the speed of our own hamster wheels for patients' safety, and our practice teams**

NHS waiting list over time

Patients waiting for hospital treatment in England



Source: NHS England

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THE BMA GP PRACTICE SURVIVAL TOOL KIT

10 Actions for Practices to choose from

Which actions you choose may depend on your patients, your local contracts, and your LMC's feedback

You can choose to start slowly and incrementally build, or do all of them from day one as you wish

You do not need permission to do any of these actions

They are already permissible. They will not result in a contract breach

Be sure to check the BMA GP Survival Toolkit guidance on the BMA website

Pop your credit card in your lanyard - you'll always have the QR code to refer to

THE BMA GP PRACTICE SURVIVAL TOOL KIT

Practice Decision, Practice Action

Protect Patients – Not the System:

1. Use the BMA Safe Working Guidance to limit daily patient consultations per clinician to the UEMO recommended safe maximum of 25 per practice clinician per day. Divert patients to local urgent care settings once your daily maximum capacity has been reached

We strongly advise consultations are offered face-to-face – better for patients, better for clinicians

Protect Patients – Not the System:

2. **Stop engaging with the e-Referral Advice & Guidance pathways –**
unless it is a timely and clinically helpful process for you in your professional role

Protect Your Practice - Not The System:

3. **Stop supporting the System at the expense of your business and staff**

Serve notice on any voluntary or local contracts currently undertaken which plug local commissioning gaps or fail to adequately resource practices for the work entailed

Protect Patients – Not the System:

4. **Stop rationing referrals, investigations, and admissions**

Refer, investigate or admit your patient for specialist care when it is clinically appropriate to do so

Refer via eRS. **Outside of 2WW, consider writing a professional referral letter rather than using a locally imposed proforma/referral form - these are not contractual, use and quote BMA guidance/sample wording**

THE BMA GP PRACTICE SURVIVAL TOOL KIT

Practice Decision, PCN Action

Protect Your Practice – Not the System:

5. Practices should defer signing declarations of completion for “better digital telephony” and “simpler online requests” until further GPC England guidance in early 2025.

“Better digital telephony” - DEFER UNTIL AFTER OCTOBER

Practices who have not declared or received monies need not agree to share call volume metrics beyond October 2024.

“Simpler Online Requests” - DEFER UNTIL SPRING 2025

Practices who have not declared, agreed to share data as part of the “online consultation systems in general practice” publication nor received monies, may continue to switch off their online triage tool during core hours, when they have reached their maximum capacity.

THE BMA GP PRACTICE SURVIVAL TOOL KIT

Practice Decision, Practice Action

6. Protect Your Practice - Not The System:

Switch off GPConnect functionality which permits the entry of coding into the GP clinical record by third party providers

7. Protect Patients – Not the System:

Withdraw permission for data sharing agreements which exclusively use data for secondary purposes (i.e. not direct care)

8. Protect Your Practice - Not The System:

Freeze sign-up to any new data sharing agreements or local system data sharing platforms

9. Protect Patients – Not the System:

Switch off Medicines Optimisation Software embedded by the local ICB for the purposes of system financial savings and/or rationing rather than the clinical benefit of your patients

10. Protect Patients – Not the System:

Defer making any decisions to sign new NHSE/ICB contracts whilst we explore opportunities with the new Government

Phase One

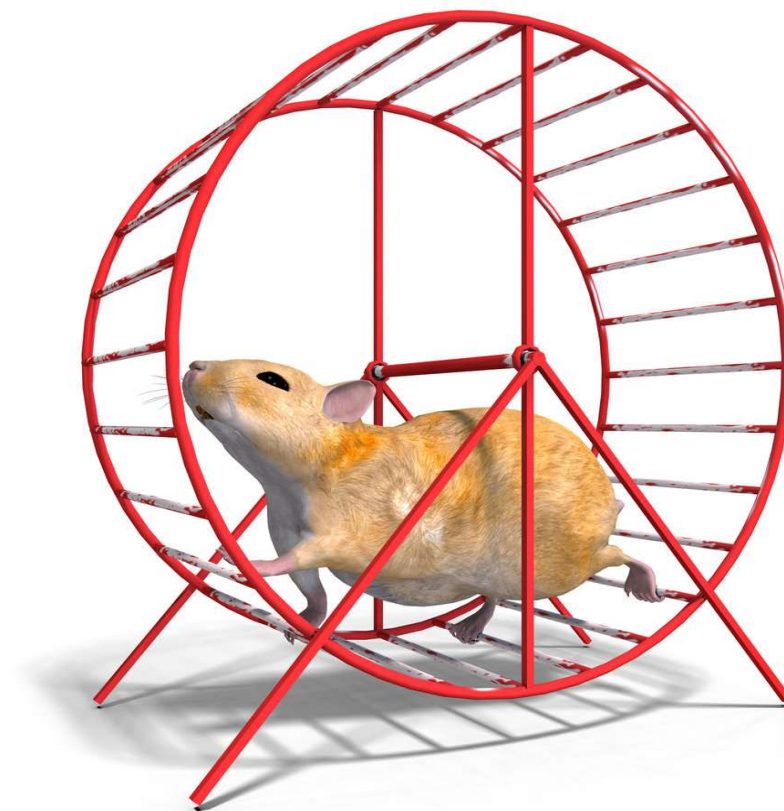
Permission collectively reset together

A professional line in the sand

Almost 7p in every NHS £ - needs to gradually rise to at least 15p

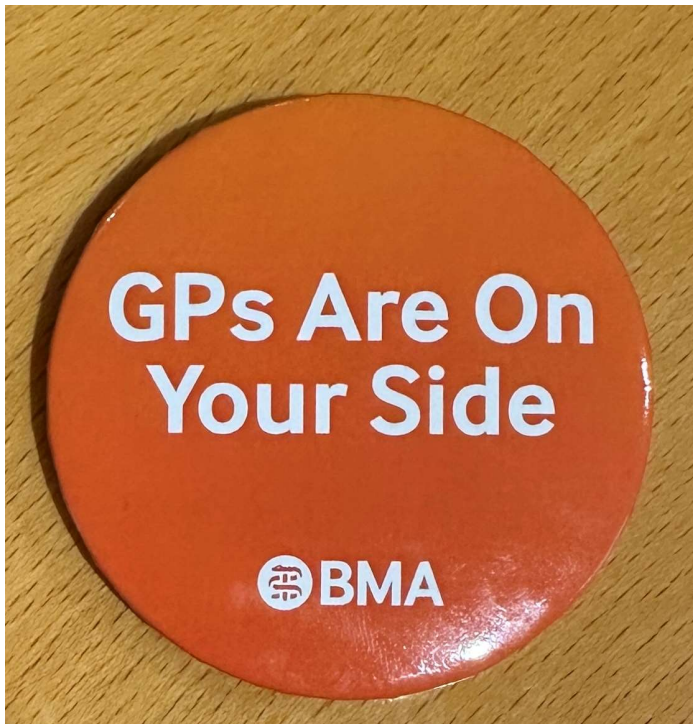
This is a lifestyle change

This is not a crash diet



Marathon Not A Sprint

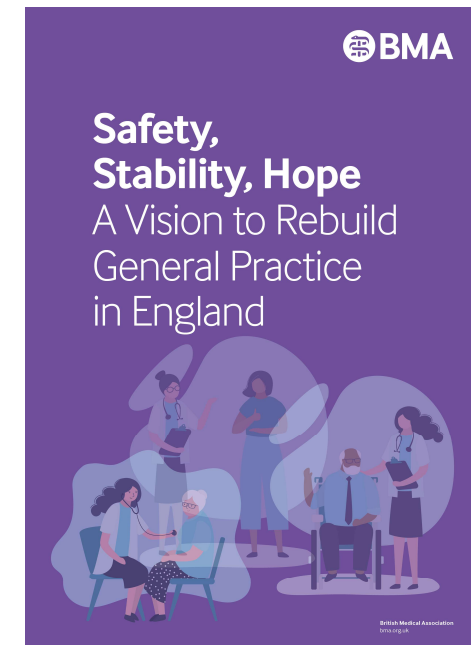
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- This is a collective reset for us all – together.
- A practice decision, a PCN decision and an LMC-systemwide decision
- Easy, achievable, safe and sustainable long-term
- 1.45 million consultations per day, 10 actions, GPs Are On Your Side
- Bring PPGs and patients with you, empower your wider practice team
- This protects patient care by protecting against further practice closures– it means we focus on that which only we can do

The Vision to Rebuild

- Funded GP fellowship roles with practice-level reimbursement scheme
- Reinstate N2PP
- Include practice nurses in ARRS
- Return Training Hub ring-fenced funding for GPN Fellowships
- Parental and sick leave pay reimbursement scheme for GPNs via the SFE
- Urgent correct CPI erosion into Vaccs & Imms IoS
- Reopen window for practices to sign-up to deliver stage 2 covid programme
- Remove the personalised care adjustment to childhood vaccinations
- Resource child and adult safeguarding work via a new national DES



Safety, Stability & Hope:

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- A 2025 Family Doctor Charter
- Restore the core - a minimum general practice investment standard
- 1% annual incremental rise in NHS proportion of GP funding towards a funding floor of 15p per NHS pound
- Incentivise continuity of care
- Tech solutions that are patient focused e.g. EPS in Trusts
- Add potential information governance liabilities clinical information governance to the CNSGP scheme

Save General Practice: Save the NHS

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Transform the NHS over the next decade

- Home - first
- Community - second
- Admission - last
- Prioritise prevention & build back preventative care
- Fix the contract not the model
- Aspire to a gold standard 1 FTE GP per 1000 patients by 2050
- Innovate around the registered list: community services, neighbourhood care...

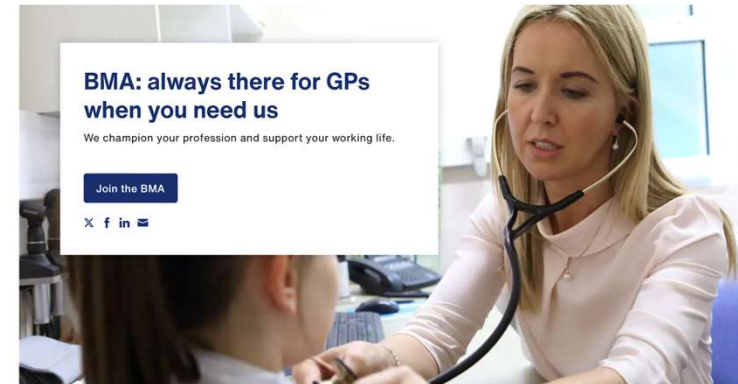
The non-statutory ballot

- Was open to all GP BMA Partners/Principals/Contractors
- Closed Monday 29 July
- Over 8,500 GPs voted (seven in 10), with over 98.3% voting in favour of taking part in collective action
- Result tells the new Government **we are ready to fight for NHS general practice and a better, safer service for our patients and practice teams**
- Protect Your Practice Protect Your Patients – use your GP Practice Survival Toolkit
- Patient Participation Groups #GPsAreOnYourSide

Free BMA Membership Offer for All GPs

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- On offer until 17 August – 1 week left!
- Enjoy three full months' free BMA membership
- Make the most of it – remain a member to retain benefits and positively change general practice through collective action and a united front
- Join today www.bma.org.uk/join



The Question

Are you taking one or more examples of collective action as outlined in the BMA campaign to Protect Your Patients, Protect Your Practice?

The answer should now be...



YES

Stay in touch with us

- Join the BMA – Spread the Word
- Keep your member details updated
- Local LMC WhatsApp groups
- BMA SMS messages
- Member Emails
- GP bulletin to BMA members
- Facebook, Twitter/X
- www.bma.org.uk/gpcontract



Questions

Over to You...