

Beds & Herts LMC Ltd: Weekly Update for Practices, Tuesday 07th February 2023



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1. **GPC England reject 'unsafe and insulting' contract offer**

GPC England (GPCE) met on the 02nd February, where they 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 proposed changes to the GP contract in England, which they characterised as 'insulting' and which, they feel, completely ignore the unsustainable and unsafe pressures practices are under right now.

GPCE says that, 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.

GPCE believes that, 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. GPCE's position is that it would therefore be forced to consider all options, including the potential for industrial or collective action.

More information / guidance will be shared shortly when we have it.

Read statement of Dr Kieron Sharrock, Acting Chair GPCE, [here](#).

2. **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 last week, which fails to address the workforce crisis in the NHS. 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](#).

3. 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 the 30th 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 the profession's collective voice could be heard loud and clear. BMA believes 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.

4. NHS Pension Scheme Cost cap mechanism judicial review

A judicial review of government plans to pass McCloud age discrimination remedy costs onto NHS staff was heard in the High Court last week. 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. The BMA expects to hear the outcome within six weeks.

5. 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 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 experienced 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 11th February, 10 – 11am

Monday 13th February, 6 – 7pm

BMA welcomes 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 to support GP trainees will be shared in the coming weeks.

6. Update on the Digital Firearms Flag

The digital firearms flag will be relaunched on SystmOne (TPP) and EMIS Web (EMIS) systems on Monday 06th 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 of the BMA 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 is on the [BMA website](#) and [NHS Digital](#).

7. GP Registration

Practices are reminded of BMA [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 BMA guidance. It is important to ensure the right patient is linked up with the online PDS service.

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