YORLMC Update 5 February 2024

From: Dr Brian McGregor, Medical Secretary, YORLMC Ltd

Voting for the BMA ARM (Annual representative Meeting) Divisional seats has opened – with thanks to Matt Mayer of BBOLMC for the following wording, this explains why if you are a BMA member you need to vote as soon as possible –

Following several concerns and queries we have received; we are contacting you to make you aware of an issue regarding national BMA representation specifically regarding selecting Representatives to the BMA Annual Representative Meeting (ARM) for 2024.

Normally, Reps to the ARM are elected directly by local BMA Divisions, the local units of the BMA. However, following reported unilateral changes made by the BMA to the election process, these elections and their results have apparently been voided and are now being run centrally, with the notable change of allowing persons who have never been involved with or attended a BMA Division as an active member, to stand and vote in these elections, and also for elections to be held in Divisions which are defunct or inactive, with no incumbent officers. Furthermore, we note that these changes have been widely circulated on social media by an external pressure group, despite this information not being widely circulated or readily available to all BMA members. We are therefore concerned at a disenfranchisement of some branches of practice, including GPs.

We understand that many Division Officers, Regional Council Officers, and Branch of practice leads have expressed their concerns to the BMA around the governance surrounding these changes, and requested formal scrutiny of the process, but that unfortunately these requests have been ignored. Considering these concerning reports, and in the absence of any apparent email or other comms sent by the BMA notifying members of these changes or invitations to stand for election, we feel it incumbent upon us to notify all constituent GPs of this apparent issue and encourage all who are BMA members to exercise their democratic voice and to mitigate any detriment to representation of General Practice.

You can access the BMA elections portal at the link below and clicking on "Online elections":
https://www.bma.org.uk/what-we-do/committees/committee-information/committee-elections

Then go to the top right drop down menu and select "voting" your division election should then appear, and vote for those you consider who you think would best Represent your interests at the ARM.

If anyone feels they have been disenfranchised by this issue, we encourage you to raise this directly with the BMA, or, failing this, we remind constituents that a complaint can be made to the independent Certification Officer, whose details can be found here:

https://www.gov.uk/guidance/complain-to-the-certification-officer-about-a-trade-union-or-employers-association--2

We regret that LMCs have no direct control over BMA process, but hope the above information is useful.

Do this now, before reading the rest of the update
Yes, it is that important!

Can Practice Managers make sure the above information is highlighted to all BMA members in the practice – Partners and salaried / sessional please?

BEING A MEMBER OF THE BMA IS GOING TO BECOME INCREASINGLY IMPORTANT – MORE TO FOLLOW.

Report of GPC England meeting held 1st February

GPC England met on Thursday 1st Feb, and unanimously rejected the contract uplift "offer" from DHSC and NHSE. The BMA have made a press release.

Why – well this video gives a message from the Chair, Dr Katie Bramall-Stainer related to this. GPC England voted to reject and to empower the Executive to go back to NHSE and consider whether a better offer can be made in the next 4 weeks. The deadline for that is 29th February – partly because any changes need to be laid into legislation and partly because a referendum begins on 1st March with regards to the offer, to run until 21st March. If imposed, the contract would be imposed from 2nd April (1st is a Bank holiday).

The offer is woeful, derisory, and would lead to the demise of some practices due to being financially non-viable. The uplift would not even cover the cost of increasing payments to meet minimum wage. This is bad for both Partners and Salaried/Sessional colleagues, as there simply would not be enough funding to pay GPs in the coming year. We would anticipate closures, redundancies, and no work at all for locums. Multiple colleagues on qualifying would find there is no employment for them. I will be participating in a podcast in the next fortnight explaining more. By its very nature, this offer puts patients' services, and patients themselves at risk. In explanation – DHSC and NHSE offered an uplift decided by the treasury in the spending review in 2021 (i.e. 1.9%), ignoring everything that has

happened to the economy and General Practice in the meantime, and refused to ask the Treasury for an uplift – as other parts of the NHS have done, and no other area is receiving less than 6%. Join the BMA to ensure your voice is heard and the powers that be don't choose to ignore you.

YORLMC contract roadshows – book your place today.

YORLMC has contract update meetings planned for 6th March in Bradford and 7th March in North Yorkshire, and a virtual meeting on the 11th of March.

I will also have a more informal Q&A on the 29th of February, and again on the 21st of March. Ideally, we want the F2F meetings to be your priority – we need as much engagement as we can get to answer questions and ensure everyone knows where they stand. **Please do book your place and join us at one of these roadshows**.

GPCE will meet again on the 28th March

Alongside other developments in the NHS, there has never before been such a clear indication that the ultimate aim is the collapse of General Practice, and the destruction of the profession of General Practice. Every single GP, and particularly partners, needs to consider where the threshold stands for collective or industrial action if the BMA votes for that, and there needs to be some forward planning to anticipate just what will happen with income/livelihoods/bankruptcy if nothing is done.

A major part of any action will be effective engagement and communication. As part of this YORLMC will use its newly elected committees to develop effective channels to ensure as many GPs as we know of are directly linked to rapid messaging with the LMC, similar to those used effectively by junior doctors in their campaigns.

At GPCE we also discussed the practice finance survey (the AVERAGE drop in profits for partners last year was 23%), and a presentation on how practices are being corralled and forced from being truly independent to being "standardised" and effectively "franchised" as a stepping stone to nationalisation, based on national data, comparison to business, and how patient satisfaction is impacted by these changes. The introduction of professions allied to medicine is a part of this, alongside GPs effectively being forced to concede many of our unique selling points (sick notes, prescribing, undifferentiated care etc) meaning our influence and desirability as a unique workforce is reduced. We hope to share this with a clear explanation in the near future.

We had a first draft headline view of the GP survey – which has gained 11,000 responses, between 25-30% of the GP workforce.

Medical Examiners were discussed, with guidance provided from Dr Julius Parker GPC England Deputy Chair, (**Appendix 1**). There remain concerns that this system will remove GP funding (for Crem 4 forms) and increase workload.

We also discussed the vaccine strategy document from NHSE. Several of the proposed contract changes placed requirements on GPs to prepare and share vaccine lists with potential other providers, whilst there was a direct refusal to adjust vaccine payments to practices that have not increased for many years, or relax the restrictions on informed dissent for vaccine targets QOF.

Other issues –

Cloud Based Telephony continues to be pushed, while GPCE continues to be concerned about less than transparent funding (please inform us if your practice will end up paying more than it does currently as we have been assured there will not be additional costs), costs (the approved providers seem to be struggling to match what their intended costs were in the proposal), and security in relation to data handling, lack of DPIAs, and information sharing agreements.

Pharmacy First has launched – concerns remain about adding data to the patient record, data flow, GP workload associated with this, and management of further patient queries. If you feel this is increasing your workload, please let us know.

The ICO has made a standard response to DPIA practice queries about access to records – the outcome of the response is essentially that a DPIA should be carried out, due to recognised data protection risks. So if you haven't done one, consider it now.

RebuildGP is asking all GPs to write to their MP – as a General Election looms and with the latest contract offer – this is more important than many would have previously considered.

Measles is starting to be seen in our areas (3 children in Bradford last week admitted with this), helpfully, NHSE has issued IPC risk assessment guidance for managing cases in the community, less helpfully, there is no recognised pathway for provision of the required kit and FFP3 fit testing and provision. In relation to this, there is again a drive to support the catch up campaign for MMR vaccines that have been missed.

ICBs have received guidance on improving physical health of patients with Severe Mental Illness this has been a priority for many years, but the health inequalities continue, this is a clear area where initial assessments in primary care can make a difference, so practices are encouraged to undertake these annual checks which are supported through various funding streams.

The Association of Medical Royal Colleges have issued a further release of evidence based interventions, to join the current directory – this is the 4th release of these guidelines.

Training practices will be aware of concerns raised over the NHS Educational Contract – it was onerous (200 pages), a review has taken place, and a consultation will soon begin on a modified, simpler contract – please watch out for this and be ready to comment.

We are aware of some issues with EMIS and QOF coding. This should be resolved with the latest patch release, if not, let us know.

UK LMC Conference is planned for May, but motions are due by 1st March. If anyone has issues they feel we should be addressing (UK Conference is about pan-UK issues, not just England contract or England specific issues) please let the CAT know.

Congratulations to all those elected to our new committees starting in April, I look forward to seeing everyone at our LMC Member Conference in mid-April. Further congratulations to Dr Naomi Chinn, one of our York LMC members and a partner at Pocklington Surgery, who has been elected to GPCUK for the remainder of this session.

Regards,

Brian McGregor
Medical Secretary, YORLMC Ltd