YORLMC Update 25 March 2024

From: Dr Brian McGregor, Medical Secretary, YORLMC Ltd

This update should be shared with every GP working in the YORLMC area: partners, salaried and locums, those working in secure environments, OOH, associated services such as private providers, addiction services, or those on a career break. The coming 18 months are going to need us all to think of ourselves as a single profession, to ensure we don't undermine or work against each other, and to enable us to act as a unified profession.

We are likely to move into conflict with the Government and NHSE/DHSC. To do so, we need at least 50% of GPs to be responding to votes/surveys, and we need each of us to be considering how and where we want to practice in 5-10 years' time.

Those of you who have attended the national webinars hosted by GPC England will be aware that the only conclusion in relation to how GPs have been treated is that elements of DHSC are deliberately dismantling General Practice and the partnership model, effectively the constructive dismissal of GPs as described by GPC England Chair Dr Katie Bramall-Stainer. Those who feel we might be better in a salaried system should consider the financial failure of management in secondary care, that we would be seen as SAS doctors at best, and potentially as permanent juniors and become the community lower grade staff of hospital colleagues. We would lose autonomy, and continuity would be gone forever.

So if you are a BMA member and have not already done so – vote in the current referendum, if you have not had a link, see below. If you are not a BMA member - join, it will cost you £41 a month and is tax deductible. Even if you are sceptical about the BMA or feel them ineffective, there is no alternative and the battle is now, if the current scenario where we are pushing for a new long term contract and our very existence is threatened, what would it take for you to stand up for the profession? If you are a member and have not voted, (two-thirds haven't as yet!) please get on and do so, it will take 10 seconds, if you don't have a link, contact gpreferendum@bma.org.uk but check your spam folder and search for the email which will have come from bma@cesvotes.com . The closing date for the referendum is 27th March midday, any GP who joined the BMA before Sunday 24 March will be included in the vote.

My Q&A on Thursday will follow on from the GPCE extraordinary meeting held all day, so should have further updates.

The YORLMC GP SOS WhatsApp group has over 200 members already. You can join via this link, (at this stage the group is just for GPs), We will initially use it to broadcast information from GPCE Executive, but eventually hope to be more interactive and responsive to constituent needs. We cover over 1500 GPs and need everyone to be aware of the group and how they can be involved – please share widely.

Why is it titled YORLMC GP SOS? –

💥 Over 1000 practices gone
💥 1,900 fewer full-time qualified GPs
💥 Over 6,000,000 more patients on the books
💥 Equivalent of 1:2 population seen EACH month
💥 400 million consults per annum
💥 5-6% of overall NHS funding spent on practice contracts
💥 5% of all NHS staff

Other issues recently seen in national communications –

The NHS Long term workforce plan has been announced:

- GP numbers to increase by 4% by 2036/7 and consultant by 49%.
- Expansion of ARRS, that feeds into the discussion above about the intent for General Practice.
- Much of the work to pass from experienced GPs to GPs in training, with increased risk from supervising other non-medically qualified staff.

The measles outbreak continues, (useful flowchart). Practices CAN immunise staff, and are indemnified to do so, but cannot claim a vaccination fee. Practices should prioritise healthcare workers at risk to ensure they are fully vaccinated, and if they are practice-registered patients the practice CAN claim a vaccination fee. From Oct- March there have been733 confirmed cases.

The MMR catch up campaign continues for 6-25 year olds.

The National Medical Examiner system is unlikely to begin on 1st April – there are delays in the new MCCD and it is likely to be in .pdf form and not electronic initially, the legislation is yet to fully pass through Parliament as it is awaiting final links to the paperwork.

The Spring Covid Vaccination programme has been announced, with a slightly expanded cohort, (adults over 75, care home residents, those over 6 months old and immunocompromised) but practices should assess carefully whether or not this would be a loss-making enhanced service.

A Report from the NHS Confederation primary care network group looks at the "success" of the ARRs scheme and what needs to change to maintain those gains – including support for the GP commitment needed to sustain the roles.

The Kings Fund has called for a radical refocus on health and care funding to put primary care at its core.

At the same time, the HSJ has also produced an article supporting General Practice and increased funding. (Appendix 1).

Antimicrobial prescribing is once again in the spotlight with the suggestion 20% is inappropriate, and needs to be reduced.

Interestingly, this has come out about the same time as NHSE has published guidance with regards to conditions for which over the counter medicines should not be routinely prescribed.

NHS Futures has published a framework for the development of primary care managers (login required).

A further set of decision support tools has been published nationally, covering a wide range of conditions to help conversations with patients re levels of intervention, something that may also be helped by the Scottish approach to Realistic Medicine, helping to assist in patient expectation going forward.

GPCE passed an emergency motion regarding comments made by the Sole Director of TPP –

> *That this meeting is disgusted by the reported violent, openly racist and misogynistic comments made by Frank Hester, director of TPP (The Phoenix Partnership), and directed at the Rt Hon Ms Diane Abbott MP, and:*
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> *i) notes that his comments contravene NHS England's fit and proper person test framework introduced in response to the 2019 Kark Review recommendations, taking into account CQC requirements in relation to directors*
> *ii) calls upon UK health boards to apply their own processes vigilantly when contracting external stakeholders whose views and values may not align with the wider professional national NHS workforce*
> *iii) advises GP practices to consider Hester's comments prior to signing new contracts with TPP*
> *iv) believes Frank Hester should resign and handover his directorship with immediate effect.*

Rebuild General Practice continues to grow a campaign aimed at influence during the General Election, and has produced a patient engagement toolkit, with ideas to support all in General Practice in engaging with patient to influence the campaign. An animation has also been produced to support the campaign.

A survey of GP Registrars has also recently been published. This will be particularly interesting to training practices and trainers, but highlights the pressures currently being felt by doctors in training grades.

The annual flu letter has been produced – there are some surprises including the ask to delay the start until October, this is usually followed shortly afterwards by the flu service specifications.

The BMA has set out guidance with regards to safe scope of practice of Medical Associated Professionals (including ARRS staff), (Appendix 2), based on what is seen as patient safety and quality of care. We are already aware that in some areas, Responsible Officers are looking at this as a standard to follow, and that our own Responsible Officer has significant concerns the GPs, particularly salaried GPs, are not fully aware of the risks to their own registration when supervising other staff, as they take on responsibility for all decisions made by those staff, not just for cases that are discussed. We would encourage all practices to review how MAPs are working and being supervised in their own practice.

Many GPs take little interest in medical politics (it's what the LMC is for!), but times are changing and it falls to each and every one of us to consider the bigger picture and the potential future for our profession in the current circumstances. If you haven't voted in the GPCE referendum, dig out your link and do so – if your career isn't worth 10 seconds of your time what is? At the same time, consider membership of the BMA. We have a leader everyone can get behind who understands the challenges and the forces acting against us and has a plan to lead us through – there is no other alternative currently and we are all battling for GPs yet to qualify, we're beholden not to pull up the ladder and ensure we secure our and their future.

Regards,

Brian McGregor
Medical Secretary, YORLMC Ltd