

YORLMC News

For practices in North Yorkshire & York and Bradford & Airedale

Message from Dr Brian McGregor

Dear colleagues

YORLMC elections – new teams in place

Thank you very much to everyone who took part in the elections for Bradford & Airedale LMC and North Yorkshire & York LMC earlier this year, whether that was standing as a candidate or voting in the election.

The final part of our election process is now complete with the election of our officer teams for each LMC and all of our new officers and members took up their roles on 1 April. There are details of LMC officers and members for Bradford & Airedale and North Yorkshire & York on our website and attached at [Appendix 1](#) is a list and photos of the new officer teams.

Q&A, 25 April – book your place

My next Q&A is taking place on Thursday 25 April, 7pm-8pm on Zoom. All GPs and practice staff in Bradford & Airedale and North Yorkshire & York are invited to attend.

Please do [book your place here](#) and come with your questions.

Brian

Dr Brian McGregor, YORLMC Medical Secretary



Dr Brian McGregor

9 April 2024

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Message from GPC England Chair

Dr Katie Bramall-Stainer

“On behalf of GPC England, I want to thank every single GP and GP registrar across the country who took part in our referendum. Let us not forget, this referendum wasn’t even a ballot, it was merely a dress rehearsal for what’s around the corner. Either way, had it been a ballot, it would have comfortably passed the required thresholds.

“This referendum was a temperature check of the profession - and make no mistake - in the week where we have a third consecutive contract imposition, we are at boiling point. I’m overwhelmed to share the result that more than 99.2% of you have voted firmly against this contract. This is an unequivocal result that will demand NHS England, the Department of Health and Social Care, Government, and other parties now sit up and take notice.

“It is now clear that we are one profession, which has spoken with one voice and said enough - time’s up. This contract imposition does not give practices stability. It does not give us hope. This contract, which NHSE are choosing to impose upon us, is not safe.

“The contract changes, which will be imposed by the Government and NHS England from 1 April 2024, include a national practice contract baseline funding uplift of just £179m for England’s general practices, way below inflation in recent years, meaning many practices will struggle to stay financially viable over the next six to 12 months and risk closure.

“The day after the referendum closed, GPC England met to decide and determine the next steps we’ll be taking as a profession knowing you’re standing right behind us. We are now starting to receive the full dataset and results breakdown from Civica, and we’ll share that with you in due course too.

“When I qualified as a GP in 2008, we were called the ‘jewel in the crown of the NHS’. General practice has been demeaned, diminished, diluted, bullied and gaslit long enough. We now start the fight back, bringing our patients with us. Patients want access to their family doctor in a surgery that feels safe, with a well-resourced team ready to meet the needs of our communities, and that’s what we want too.

“We are the bedrock upon which the rest of the NHS stands, with 400 million patient contacts a year. Almost 1.4 million every single day. That’s a lot of voters.

“So congratulations, ‘team GP’. The battle to save general practice has begun. I’m proud to represent you, and I know that your BMA committee, GPC England, is proud to serve you.

“We will be in touch soon with more information, guidance on the 2024/25 contract and next steps for us all.

“Watch my video about the GP contract referendum results: [GPCE contract referendum results](#)

“[Find out](#) about the contract changes and read our FAQs to learn what this means for you.”

Link to press release: [GPs vote overwhelmingly to reject contract changes in BMA referendum](#)



Dr Katie Bramall-Stainer

BMA guidance on physician associates

The BMA published [guidance](#) on 7 March 2024 regarding medical associate professionals (MAPs). From a GP perspective, some practices will have substantive employment contracts with associate clinical staff employed both directly by a practice, and also within the ARRS under the PCN DES at a network level.

GPE England (GPCE) readily appreciates the shifting sands of opinion, not to mention the NHSE letter of 27 March 2024, and the Government's planned and imminent regulation of MAP roles by the GMC which itself has aroused strong feelings across the profession. GPCE recognises it may be likely that many roles may have been working in a manner as described in the PCN DES contract, that is they "must" see as a "first point of contact", "undifferentiated and undiagnosed" patients. Substantive guidance for employing practices which will complement the wider BMA position is under development. In the interim, it is for GP employers to determine the terms of individual staff members' abilities to undertake their job competently and safely in meeting the needs of the practice's registered list.

GPCE is in discussion with NHSE and DHSC in light of the recently published guidance which may present a demanding expectation in terms of both supervisory time and availability. However GPCE would remind GP employers that PAs are not independent practitioners – they do require supervision and oversight. Their scope of practice means that GP employers retain responsibility and liability for clinical oversight. Hence in reality, the 'undifferentiated' element is unlikely to be practically implemented in its fullest sense.

Each MAP needs to be assessed on an *individual* basis, with GP employers undertaking due diligence in assessing and monitoring the relevant scope of practice and clinical competence of their respective employees. Furthermore, at present there is no general practice training pathway with supported induction, curriculum or competency coverage. It might be noted that nascent preceptorships are conspicuous by their absence due in part to a familiar story of a lack of ICB support to practices and PCNs.

All staff require induction, and a programme of support. Who decides when staff are ready (or not) to see undifferentiated clinical presentations should be determined on an individual basis after an automatic period of close supervision. In the absence of regulation and quality training assurances, GPs as employers remain ultimately responsible. GPCE would always advise GPs ensure they are fulfilling their GMC obligations.

In terms of a strategic perspective, GPCE appreciates that medically qualified doctors who are not GPs must stay within their scope of practice, therefore one might perceive an inconsistency in approach to then support non-regulated professionals, (given the imposed contractual guidance from NHSE) in seeing undifferentiated, undiagnosed patients.

Very high-risk breast screening

NHS England is currently contacting a group of 1,487 women at very high risk of breast cancer following chest radiotherapy for Hodgkin lymphoma, after NHSE was alerted that some of these women treated when aged between 10 to 35 years during 1962 to 2003 may not have been invited for this annual testing. NHSE has sent a letter apologising for what has happened and NHS breast screening services will follow up by offering appointments.

Anyone who thinks they might be in this group can get further information and support from a dedicated helpline: 0345 8778962

More information can be found on the [NHS website](#)

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Headlines from the latest national NHS stats

GP workforce – February 2024

- There are 32 fewer fully qualified, full-time equivalent GPs in February 2024 than January 2024, the first month showing a fall in FTE numbers after seven months of sustained increases.
- There is the equivalent of 1,862 fewer fully qualified full-time GPs than in September 2015.
- The number of GP practices in England has decreased by 105 over the past year – reflecting a long-term trend of closures as well as mergers. This fall in both staff numbers and GP practice coincides with a rise in patients: as of February 2024, there was another record-high of 63.20 million patients registered with practices in England – an average of 10,018 patients registered per practice.
- As a result, each full-time equivalent GP is now responsible for an average of 2,298 patients. This is an increase of 360 patients per GP, or nearly 19%, since 2015, demonstrating the ever-mounting workload in general practice.

GP appointments – February 2024

- Around 30.5 million standard (non-COVID-19 vaccination) appointments were booked in February 2024, with an average of 1.45m appointments being delivered per working day. This is lower than the average of 1.48m appointments per working day the previous month.
- An average of 1.40m appointments per day were booked in the past year (March 2023–February 2024).
- The number of COVID-19 vaccination appointments decreased significantly from about 11,700 in January 2024 to approximately 140 in February 2024.
- In terms of access, the proportion of appointments booked to take place the same day has decreased slightly from the previous month: 43.5% of appointments in February 2024 were booked to take place on the same day, compared to almost 45% in January 2024.

Appointments booked to take place face to face stayed the same – about 67% of appointments in both January 2024 and February 2024. 45.2% of appointments were delivered by a GP in February 2024: a slight decrease since the previous month (45.5%).

The latest YORLMC posters on local workforce and appointment data are [available here](#).

GP Connect issue

Following recent reports that NHSE has been exploring using GP Connect as a means of centrally pulling patient data from practices, the BMA is seeking immediate clarification from relevant stakeholders.

Data transferred via GP Connect is shared on the clear understanding that it is used for direct care. The deployment of the platform for any other purposes – including to circumvent GPs statutory role as data controllers, and access patient data for uses other than direct care is a clear contravention of the agreement put in place to use GP Connect.

Visa Sponsorship Licence Renewals

The Home Office has [announced](#) that from 6 April 2024, employers that already hold a sponsorship licence will no longer be required to apply for a licence renewal after four years.

There is no action needed for employers. If a practice has a sponsorship licence that is due to expire on or after this date, the Home Office will automatically extend the expiry date on the licence by 10 years.

This will help reduce visa sponsorship related admin and costs for practices.



Cameron Fund Spring Newsletter and Annual Review for 2023

The above documents are available on the [Cameron Fund website](#). The [Cameron Fund](#) is the medical benevolent charity that provides support solely to GPs in the UK. This includes GP Trainees, working GPs, retired GPs, as well as dependants of GPs.

The Fund helps GPs and their families who are suffering financial hardship, whether through physical or mental ill-health, disability, bereavement or loss of employment.

Financial help is tailored to best support an individual's return to work. As well as grants and loans, the Fund can help with money advice assessments and career coaching for those who may no longer be able to continue to work as a GP.

You do not need to be a member of the [Cameron Fund](#) to benefit from this charity but please consider becoming a member – it is free to join and the membership form can be downloaded [here](#) and returned by email to info@cameronfund.org.uk

There's a video [here](#) about how the Cameron Fund can help.



Sharing contact details with LRCs

In November 2022 a change was applied to PCSE online, which gave performers included on the National Performers list the option to share their details with their LRC (this is the LMC in the case of GPs). Performers also have the option to change their consent at any time.

Please do check your settings to see you if you are sharing details with your LRC and encourage your colleagues to do the same.

There are instructions on how to do so in [this document](#) (please see pages 3-4).

Workforce & Training Information Collation

For GPs and practices in North Yorkshire & York

Please visit the HNY Primary Care Workforce and Training Hub's [news page and Information Collation](#) for details of more training and information available.

All articles are also available on the newsfeed of the new [Yorkshire & Humber training hubs website](#) as well.

YORLMC news

Contacting YORLMC

Please get in touch with YORLMC if there are any matters with which we can help. Our general email address is info@yorkmcltd.co.uk. Please remember that queries sent through to the Corporate Affairs Team should not contain any patient identifiable information and should be redacted before sharing.

Jobs page

YORLMC has a job page on our website at <https://www.yorkmcltd.co.uk/jobs>. Please visit this page to view current vacancies and details of GPs seeking work. NHS Practices in the YORLMC area seeking to fill GP and staff vacancies and GPs seeking work in the YORLMC area can place adverts on the job page free of charge. To place an advert please email info@yorkmcltd.co.uk



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