YORLMC Update 25 April 2024

From: Dr Brian McGregor, Medical Secretary, YORLMC Ltd

Contract update

Many will be asking what has happened since the referendum of four weeks ago? GPC England has not stood still, and the referendum was only the first step in determining the mood of the profession and which direction we needed to consider moving forwards.

We had a meeting of GPCE on the 28th March to consider the result and where strategy for the short, medium and long term were discussed. Since then the GPCE Executive has been working with senior staff in the BMA to prepare the path for those next steps.

Firstly we have had to deal with issues highlighted by the referendum – problems with members accessing the vote, issues with incorrect data being held and difficulties with the algorithms not selecting all the doctors it should have been picking.

Trade Union legislation requires the BMA to carry out an exercise in clarifying our data before formal votes are recorded and the BMA wants every GP that seeks to be involved included, some of that work is ongoing and anyone that had difficulties with voting should fill out the response form.

GPCE has written (Attachment 1) to the Minister for Primary Care Andrea Leadsom to formally raise a contractual dispute – the first step in the legal process of industrial action. Also included with this update is the letter from the Minister (Attachment 2) in regards to GPCE's request in February to reconsider the contractual offer. It highlights the view and approach from NHSE which talks of reducing bureaucracy and improving cashflow/flexibility for PCNs, but completely misses the point of financial sustainability and the impending financial crisis in General Practice, the impact of which we are already starting to see.

GPCE's letter of dispute was followed by a letter to all ICS CEOs (Attachment 3) in the country, advising them to place industrial action by GPs onto their risk registers, as the likelihood of this happening is increasing and our colleagues in commissioning and secondary care need to be considering the impact this may have on service delivery. This letter also invites ICSs to meet with LMCs and discuss possible mitigations – to date, neither of our ICSs have done so. (There aren't

many mitigations possible, but they could consider local agreements and investment in General Practice as part of that discussion!).

We need to appreciate that General Practice and GPs hold a variety of views and some would like a more militant approach and some are keen to avoid conflict. The approach being taken is a measured one and we as an LMC need to work with everyone to ensure we are all on board with the steps being taken. Actual planned activity is currently being held closely at national level, but the pressure will be ramped up slowly with actions being taken week on week.

All actions will focus on practices, as that is where the contract sits. GPCE has had feedback that partners are not keen to risk their businesses/breach notices, if that can be avoided, this will be the ambition.
However, we need to be realistic –

There will be some discomfort/pain

Ideally for NHSE/Government

Pain within the system

Pain for Trust Management

And as little pain for practices as possible – there will potentially be some pain for patients, but little different to what they are already experiencing on waiting lists.

Some of the proposals will likely improve working conditions, for all staff in the practice, at all levels, both virtual on face to face.

For clarity – none of us are working to an agreed contract, this is the third year running that NHSE have simply imposed their will onto GPs.

So what is likely to happen –

Firstly, formal GPCE advice on what is and isn't resourced within General Practice. Even within our area, after repeated recommendations of not providing unresourced care or services not within GMS/PMS, we see PCNs and practices agreeing to provide services without reimbursement, placing financial strain on those practices – e.g. spirometers and FENO machines provided for "free" are a minimal gain compared to the ongoing cost of staff/rooms/training/consumables/and all the practice oncost of providing services. Every time we agree to these, we threaten the sustainable future of GMS.

There will be clarity soon as to what is covered by GMS/PMS and practices will need to have a long hard look at what services they should be dropping and asking commissioners to provide elsewhere. Some of these will be already covered by a LES – we will need locally to unpick every LES and

question if it remains fit for purpose and viable financially, when were they last uplifted? What volume of work do they generate? Are contractors funding the NHS through their own pockets by taking on loss-making services? Are salaried GP jobs threatened by reducing profit margins?

All of these proposals will be within contract but will need difficult conversations to take place.
Safe working guidance will also be refreshed and re-launched.

Data record sharing and the agreements we hold will also be investigated. These facilitate a lot of our partners in care to provide their services at a significant lower cost, whilst also allowing the transfer of a lot of work into practices, they are not contractual, in that it is something we choose to do.

Needless bureaucracy will also be in the spotlight – proformas, multiple page templates for outside services, demands and letters all asking for GPs to absorb risk with no recompense.

All of these workstreams are active, some take time, but look out every week for information and notices nationally, we have a leadership that is passionate and has the profession behind them.

When voting does appear, you will need to be a BMA member. Those opposed to the idea may want to look out for their annual offer (comes some time over the summer) that usually allows free membership for a limited time on joining – it would facilitate membership and possible inclusion in any voting.

What can you do now? Start the conversation – have a discussion within the practice as to how much of a financial hit you are taking this year, and how many more years you could do that before you could not operate safely, discuss the unthinkable and what action you would take. This is a battle for the future of General Practice, for your future careers, but we will only prevail if we stand together, do not undermine each other, and become consistent in resisting the pressures from above. Be prepared! Consider how we can bring the most reticent of our colleagues along this path, we need big numbers in response to the surveys/votes, and we need clarity for those in Government and NHSE management with regards to the will and determination of the profession. Now is not the time to shy away and expect others to do the fighting – now is the time for unity, collaboration and mutual support.

Regards,

Brian McGregor
Medical Secretary, YORLMC Ltd