BMA

From your outgoing BMA GPs committee chair

Farewell but not quite goodbye

Dear ,

It is with sadness that I write my last enewsletter to you as outgoing BMA GPs committee chair after four years of service.

I am honoured to have been elected BMA council chair and I took office last Thursday afternoon on 29 June at the conclusion of the BMA annual representative meeting.

A new GPC England chair will be elected on 20 July; meanwhile Richard Vautrey will be interim chair, supported by executive team members Mark Sanford-Wood and Gavin Ralston.
My new role in no way detracts from my absolute and continued commitment to general practice. I have consistently argued that addressing the crisis in general practice requires changes in the wider NHS environment – with greater NHS funding in which general practice receives its larger and just share, and a system that supports general practice rather than placing inappropriate and unresourced burdens on it. I very much hope that as BMA council chair I will be able to influence this positively.

Reflecting on my term of office, I well recall that, when I assumed the GPC chair in 2013, a punishing GP contract in England had just been imposed, which was set to destroy general practice with QOF (Quality and Outcomes Framework) achievement targets rising to 100 per cent, absurd non-evidence based and de-professionalising indicators, and three pointless new enhanced services for us to work harder to earn back our money.

We have come a long way from that starting point. We reversed 90 per cent of the imposed contract within my first six months. We got rid of offending QOF indicators and put 238 points into core funding; we ended all three of the newly imposed enhanced services and since then we have also ended the alcohol DES (Direct Enhanced Services), patient participation DES, the

dementia DES and the avoiding unplanned admission DES – securing these resources into core budgets and freeing up considerable bureaucratic workload for practices.

We started out four years ago with a global sum of £65 per head, and with a trajectory of it reaching £79 per head in 2021. The global sum today is already at £85 per head – not enough, but a significant increase.

We have also righted some historic wrongs. Last year, we secured the removal of the 'discretionary' element of payments for locum cover for maternity leave which is now an entitlement, as well as enabling practices to be paid for using internal cover. This year we ended the vulnerability of practices carrying the risk of GP sickness cover – which could cost up to £66,000 per absent GP per year. This reimbursement is now a right, with no pro rata or previous list size criteria. We have secured payments for rises in indemnity fees, and from this year full reimbursement of ludicrous CQC charges.

Devolved nation agendas

The past four years have also witnessed progressive variation in the agendas of the devolved nations. In Scotland, a radical new contract is being negotiated which will hopefully reduce practice responsibilities and burdens. In Wales there have been graded contractual improvements similar to England, but in a context free from competition, alternative medical provider medical services contracts and CCGs (clinical commissioning groups).

In Northern Ireland, the plight of general practice is not being addressed owing to a lack of functioning government and, as affirmed at the recent local medical committees conference, GPs across the UK give full backing to any actions that GPs in Northern Ireland need to take to protect themselves and their patients.

Despite these contractual improvements, wider pressures of inappropriate and unresourced workload shift from outside our contract, chronic underfunding and cuts and a workforce crisis continue to take their toll, with GPs reporting unmanageFable workload and an increasing numbers of practices with unfilled GP vacancies on the brink of collapse.

This reality is common across all four nations and is why it is vital for GPC to continue working as a UK body which exercises a collective approach to addressing these pressures through our shared learning and experiences.

Taking control

Against this backdrop, GPC's efforts have been directed at managing demand and workload. Our **Quality First** web resource has been developed to support practices, including how to push back on inappropriate workload. In addition to this, we have secured central recognition of the damaging impact of workload dump on to general practice – with changes to the hospital contract in England to stop a range of **inappropriate demands from secondary care to primary care**, such as GPs no longer being asked to re-refer patients missing outpatient appointments or to chase up results requested by hospital clinicians. **Template letters** have also been prepared for use by practices to reject such demands.

Working together

As the individual practice unit has become increasingly vulnerable, GPC has also highlighted the benefit of practices working collaboratively to support sustainability and resilience. We have set up a web **resource** which examines different ways in which practices can develop collaborative structures and which also features a web cast of our successful **Working Together to Sustain General Practice** conference earlier this year.

There is emerging evidence of such models reducing workload and demand, and supporting the sustainability of individual practices. It is vital that the £3 per head **GP Forward View monies in England for transformation** which has come on stream this year reaches local GP practices to enable setting up such collaborative structures.

The considerable demographic change in the GP workforce must also be recognised. Up to 40 per cent of GPs are now sessional, opting to work as freelance locums, salaried GPs, or with a portfolio interest. Our recent **GP survey** showed that the rapidly shrinking pool of partners are reporting the greatest levels of unmanageable workload compared to any other category of GP. It is vital that we support each other as one GP profession, since if the partnership model collapses it will sink the entire profession in the process, with the risk that all GPs will in the future be at the mercy of working for large commercial providers, who may have values and an ethos at odds to everything we stand for. Indeed the sessional workforce needs the continuation of the partnership model just as much as partners need sessional GPs.

Raising awareness to address the crisis

We have come a long way in raising awareness of the plight of general practice to the public, media and our patients, most recently via our **urgent prescription for general practice**.
The coverage on GP pressures, long waits for an appointment, unfilled GP vacancies and practices closing are now regularly paraded on television, radio and the press. The major political parties in their recent election manifestos featured general practice as central to their health policies. The GP Forward View in England was an explicit acknowledgement that general practice has been chronically under resourced, with a shortage of GPs compounded with excessive workload, and similar sentiments have been expressed by governments in the devolved nations.

We have to a degree, therefore, won the argument. What now needs to happen is for the Government to heed the call from the recent general election result to end the political pretence of trying to run the NHS on an inadequate budget. The definitive solution is to plug the £10bn funding gap that separates the NHS from European averages and within that for general practice to receive its just and fair share. This will enable GPs to have the time, tools and resources to care for patients properly, increase job reward, and improve recruitment and retention.

In closing

I would like to sincerely thank my English executive team Richard Vautrey, Mark Sanford-Wood and Gavin Ralston for their unswerving support; the devolved nation GPC chairs Charlotte Jones

(Wales), Tom Black (Northern Ireland) and Alan McDevitt (Scotland) for representing their nations so assiduously; all GPC members that I have worked with in my time as chair for their valued contributions, and to all BMA staff without whom we could not function.

It has been an immense privilege to have represented our proud profession of more than 40,000 dedicated GPs across the UK working against overwhelming odds, and being GPC chair has, to date, been the most fulfilling phase of my career. I would also like to thank you as GPs for all you do and for being so supportive in my time as chair of GPC. I hope to continue to represent you within my wider capacity at the BMA.

With a partial goodbye,

Chaand Nagpaul
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BMA ARM: your vote to form policy

As you will be aware, last week the BMA held its annual representative meeting in Bournemouth.

This is the BMA's 'annual conference' in which representatives across all branches of practice and from all over the UK congregate to discuss and debate issues affecting the entire NHS environment, and vote on motions to form BMA policy.

I delivered my final speech as GPC chair, which you can read about and watch **here**.
There were a wide range of topics discussed, including workforce, GP vacancies, sustainability and transformation plans, NHS funding, waiting times, 'black alerts' for GPs, Brexit and the decriminalisation of abortion.

Webcasts of the event and a summary of motions discussed and passed are available **here**.

GP trainee guidance on exception reporting

The 2016 junior doctor contract will be introduced for GP trainees from August 2017. As you know, the BMA remains in dispute with the Government about the imposition of the contract and we continue to provide practical advice and support to those affected.

The new contract requires GP practices to introduce new processes for GP training. While GP trainees' working hours continue to be based on the GPC-Committee of General Practice Education Directors sessions agreement and some of the changes will help deliver safer training, there is no additional funding to meet these requirements. New supporting structures are also required under the 2016 contract that practices need to be aware of.

The BMA has **produced guidance** that sets out what this means for training practices.