

## From your BMA GPs committee chair

### *Empowering patients to help themselves and us*

Dear ,

This week – 14 to 20 November – is **Self Care Week**, which the BMA is very pleased to support.

**Self-care** is an obvious win-win for patients, GPs and the wider NHS. It empowers patients to take control of their own health and helps them to make informed decisions about which healthcare services they should access and when. Not only does it help patients feel more confident in managing their conditions, it also reduces the inconvenience and delay of unnecessary visits to their GP surgeries.



The BMA GPs committee believes that educating patients in self-care can play a vital role in reducing avoidable demand on GPs at a time of unprecedented pressures. This is why we secured a commitment from NHS England to consider developing a national programme of self-care as part of the 2016-17 contract agreement. Promoting self-care also forms a key recommendation in our **Urgent Prescription for General Practice**.

For the wider NHS, self-care enables overstretched NHS resources to be used appropriately and optimally for those patients in greatest need. A recent Dutch **study published in the BMJ** showed that two years after the launch of an evidence-based self-management website for patients, nationwide use of general practice decreased by 12 per cent.

The BMA **Patient Liaison Group** has produced some **tips to help patients** self-care through the winter months.

I strongly recommend the **Self Care Forum**, which has an excellent website with a range of resources such as guides, leaflets and posters available, which are easy to **download**. GP practices should put material on self-care in their waiting rooms, including electronic versions on TV monitors, to help patients learn more about managing their own health.

You can find some practical examples of how practices have helped their patients to be more confident about self-care on our **Quality First** pages. Self-care can be enhanced through a myriad of approaches, such as signposting at GP reception desks, patients accessing healthcare

information on practice websites at the time of online bookings, apps on mobile phones, and becoming 'expert patients' in monitoring chronic diseases.

Such initiatives also form part of the **GP Forward View practice-development programme**.

You can keep the conversation going on **Connecting Doctors** where you can find contributions from London sessional GP **Farah Jameel** who has been leading on patient experience for GPC and BMA PLG chair **Amanda Cool**. You can also get involved on Twitter using **#selfcareweek** **#selfcareforlife** and tweet @BMA\_GP

Please get involved in this initiative, which shows the potential of true partnership between doctors and patients.

### **Cameron Fund Christmas Appeal**

I endorse this year's Cameron Fund Christmas Appeal.

As most of you know, the **Cameron Fund** is GPs' own charity. It is the only medical benevolent fund that solely supports GPs and their dependents. It provides support to them and their families in times of financial need, whether through ill-health, disability, death or loss of employment. It helps those who are already suffering from financial hardship and those who face it.

Many of the applications the fund receives come from GPs who encounter problems returning to work following illness or professional difficulties. The fund tailors financial support to suit individual situations for the best possible outcome. Often that takes the form of grants to pay for essential expenditure, but this year there has been a substantial rise in the interest-free loans that the fund has provided (£38,000 more than in 2015), which has heavily impacted on its finances.

Contributions you make could help a colleague return to or stay in general practice.

As Christmas approaches, I ask you to consider giving generously to the fund's Christmas appeal. Your valuable support will mean it can continue to help GPs and their dependents in times of crisis in the year to come. They would be pleased to receive a cheque sent to the Cameron Fund at BMA House, Tavistock Square, London, WC1H 9JP or you can **make a donation via their website**.

If you know of colleagues who may be in need of help from the Cameron Fund, please tell them to **get in touch** as soon as possible.

### **GP national survey**

The national survey has now closed. Thank you to all of you who took the time to complete it. Some difficult questions were asked, which I know took careful consideration to answer.

Your voices and opinions will be heard and will play a vital part in sharing our future strategy. I will update you further on the results in the near future.

With best wishes,



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BMA GPs committee chair  
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## Firearms guidance

Following legal advice, GPC has updated its **firearms guidance** relating to requests for GPs to complete firearms licensing forms about patients applying to own guns. GPC continues to have significant concerns with the overall process for the granting of firearms licences, which we are taking up directly with the Home Office. I will keep you updated.

## Unacceptable delays in paying GP trainees

GP trainees subcommittee chair Samira Anane and I have **written** to NHS England to call for immediate action to resolve 'unacceptable' delays in GP trainee salary payments following failures by private company Capita.

We are still seeing widespread problems across the country with GP practices failing to receive information and reimbursement for GP trainees' pay. This should be a straightforward process and not the chaotic mess that it has descended into. As a valued part of the workforce providing frontline care to patients, GP trainees deserve the respect of having their salaries paid in a timely and efficient manner.

The situation is also placing unacceptable pressure on GP practices that have to dip into their overstretched budgets to make up the shortfall in funding. We are pushing hard for a resolution to this administrative incompetence.

## Sessional GPs newsletter

Please **read** this month's sessional GPs' newsletter, which, among other things, focuses on the Uber judgement, the relationship between sessional GPs and local medical committees and gaps in GP training.

## Fixed-term targeted GP training

For several years GPC has held the view that GP training needs to be 'personalised' and longer, particularly for those who need a longer training period to attain the required competencies.

On that basis, we have agreed a proposal with Health Education England to develop targeted GP training, which will allow several groups that have not previously been considered into GP training.

These groups include, but are not limited to:

- Specialists from secondary care wishing to retrain in general practice
- Overseas doctors who have been unsuccessful with certificate of eligibility for general practice registration applications and given details of required further training
- Doctors who have exhausted extensions to training and have therefore left training without completing the full curriculum requirements (specifically a single element – either clinical skills assessment or applied knowledge test) of the approved exams.

We must be clear that these proposals are not about introducing a different grade in general practice or the lowering of standards. This is about extending training and personalising it based on individual needs with targeted training (and in some cases longer training) to demonstrate they have reached that standard.

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