

LMC Update Email  
16 March 2023

Dear colleagues

The contract imposition has led to a situation where practices are doing more than ever, with fewer GPs, and more expectation being piled upon practices. Access targets, no relaxation of QOF, and no inflationary support. This is unacceptable. If Government do not provide support for practices soon we will see more GPs leaving and patient care will suffer.

We have to protect GPs and patients from this unsafe situation, and thus have been exploring options for Alternative Action to push Government back to the negotiating table for meaningful talks. LMCs will have a vital role if this is to succeed.

Read more about the 2023/24 GP contract changes on the [BMAwebsite](#)

Read more about the options being considered in the [Doctormagazine](#)

To support practices during this crisis, we have produced [safe working guidance](#) to enable them to prioritise safe patient care, within the present bounds of the GMS contract.

### **Reminder: 2023/24 GP contract update webinars**

We are organising webinars to ensure that every GP has an opportunity to hear about this year's imposed contract changes, ask questions, share their feedback and understand what next steps are being considered, at no cost. We encourage as many GPs to attend these events as possible, as we will also use them as an opportunity to explain our options around next steps. You can register [here](#)

Tuesday 21st March 19.00-20.30

Wednesday 22nd March 12.30-14.00

Wednesday 29th March 19.00-20.30

Thursday 30th March 12.30-14.00

Thursday 30th March 19.00-20.30

### **Life time allowance scrapped**

At the budget announcement earlier this week, the Government has finally taken meaningful steps to address the impact of punitive pensions taxes by scrapping the lifetime allowance that means doctors will no longer be forced to retire early because of pension tax.

The additional rise in the annual allowance to £60,000 will mean that far fewer doctors will face large, unexpected tax bills and will significantly reduce the perverse incentive to reduce hours.

This is a significant win for the BMA and the BMA's pension committee has campaigned extensively for the Government to provide a fix to the pension crisis that has left a significant number of doctors with no option but to retire early or reduce their hours. This will help us to retain our most senior doctors who have a pivotal role to play not only in providing care for patients but in teaching and mentoring our junior colleagues.

However, it doesn't address all the issues and the BMA will be continuing to support those doctors who continue to be impacted by big pension tax bills, including those affected by the tapered annual allowance, and will aim to work with the Government to find appropriate solutions to address this.

Read the press statement [here](#)

### **Junior doctors' and GP trainees strike action**

[Junior doctors \(including GP trainees\) took industrial action](#) this week and we'd like to thank practices for your solidarity with GP trainees and junior doctors. 98% of junior doctors voted in favour of strike action and which gave us a huge mandate, and puts the government under intense pressure. This is a step in the right direction for full pay restoration not just for junior doctors, but the whole profession. GP trainees have the full support of general practice and the wider profession during the strike action.

Watch David Wrigley, GPC England Deputy Chair, and Dave Smith, Chair of the GP Trainees Committee, explain more in this [video](#). See more on the strike action [on GP trainees twitter](#)

Ahead of the strikes we published [guidance](#) for practices how to manage the impact of strikes.

### **Strikes (Minimum Service Levels) Bill – Protect the right to strike**

The Government is pushing through anti-strike legislation that could undermine workers' ability to take strike action. The proposals would mean government could set "minimum service" levels for health workers during strike periods. Employers would then be able to issue work notices naming workers required to work to make up these minimum service level on strike days. The BMA is calling on Lords to block Government's attempts to curtail legitimate strike action and to ensure there is safe staffing across the NHS every day of the year. [Take action and write to a peer today](#)

### **Workforce returns – please report all hours that GPs work**

Following some exploratory work within GPC England it has become evident that the workforce returns that each practice submits may no longer be accurate given the increased work GPs have been doing since the pandemic. We would like to remind practices to ensure their submitted workforce returns accurately match the work being done by partners and salaried doctors. It helps GPCE in negotiations to be able to evidence that GPs are working longer hours to provide the care their patients need.

Returns for each GP are filed in hours per week and should reflect the work being done each week, during a normal week when not on leave. It is important that returns reflect the actual hours worked, not an estimate based on nominal sessions planned.

Returns will usually be completed by practice managers and can be filed [here](#). There are two boxes where hours worked per week can be entered. One shows contracted hours and one shows actual hours. For salaried GPs, only the contracted hours box is used in the returns. For contractors and zero-hours GPs, only the actual hours box is used in the returns. If the same numbers are put in both boxes it will ensure the hours are correctly captured.

You should factor in all work done over the course of a week in providing NHS services, including time spent doing CPD (including any done at home).

It is worth remembering that the salaried model contract references four hours per week of CPD on an annualised basis and that this therefore is to be considered working time. If a salaried GP has an annualised CPD allowance included in their contract, the equivalent hours per week should be added to the reported hours for the return.

If salaried GP's contracted hours happen to be fewer than the hours actually worked, then aside from a conversation about how the contract might be updated to reflect this work, recording the actual hours worked will be beneficial to the profession in showing to government exactly how much work we are doing.

Once processed, the returns are published monthly on [NHS Digital website](#). One full time equivalent doctor is associated with 37.5 hours of work per week. The next collection is at the end of the March and it would be helpful if returns could be checked prior to next month's publication.

### **New to partnership scheme (N2PP)**

The N2PP scheme was introduced in July 2020 for an anticipated two years. In December 2021, NHS England extended the scheme into 2023. GPs and other clinical staff intending to apply for the scheme need to have entered into an equity partnership by 31 March 2023 to be able to submit an application by 30 June 2023. Find out more about the application process [online](#) or email [england.newtopartnershipenquiries@nhs.net](mailto:england.newtopartnershipenquiries@nhs.net)

### **GPC elections**

We would like to flag essential steps for members or non-members who are unable to see the GPC election or the correct region to vote in (area of residence vs area of practice) – please share this with your constituencies to ensure eligible individuals are granted access to voting in their regions.

#### BMA member but unable to access the election

The most common reason for members not being able to access an election is due to their member details being out of date, it is worth checking your details here <https://www.bma.org.uk/my-bma> and updating anything that is not accurate, please include a place of work if there is not already one listed for you. In addition to this please email [elections@bma.org.uk](mailto:elections@bma.org.uk) with your BMA number and the region you wish to participate in. The team can then grant you access to the election.

#### Non-members unable to access voting

You will need a BMA web account – you may already have one if you have registered for one for LMC conference or if you have previously been a BMA member – if you think you have an account but are not sure please email [elections@bma.org.uk](mailto:elections@bma.org.uk) with your GMC number. If you have an account the team will be able to grant you access, if you do not have an account you will be advised to create an account by following this [link](#) ('request a temporary non-member account'). You will then be assigned an ID number - please email [elections@bma.org.uk](mailto:elections@bma.org.uk) with this number and details of the region you wish to participate in. The team can then grant you access to the election.

To reiterate, the regions open for voting are:

- Hillingdon/Brent & Harrow/Ealing, Hammersmith & Hounslow
- Lewisham, Southwark & Lambeth/Bexley & Greenwich/Bromley
- Cheshire/Mid Mersey
- Northumberland/Newcastle & N Tyneside/Gateshead & S Tyneside/Sunderland
- Gloucs/Avon
- Bucks/Oxfordshire
- Berks/N&E Hamps
- Barnsley/Doncaster/Rotherham/Sheffield
- Leics & Rutland/Northants
- N Staffs/S Staffs/Shropshire
- Sandwell/Walsall/Wolverhampton/Dudley

To submit your vote for any of the above seats please visit <https://elections.bma.org.uk/>.  
**The deadline for voting 12pm Thursday 30 March 2023**

To be eligible to vote in a constituency, you must be one of the following:

- a GP engaged exclusively or predominantly in providing personally or performing
- NHS primary medical services for a minimum of 52 sessions distributed evenly
- over six months in the year immediately before election\*
- a GP on the doctors' retainer scheme
- a medically qualified LMC secretary.

### **Wellbeing**

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing.

A range of wellbeing and support services are available to doctors, from our 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions. See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

Please visit the BMA's dedicated [wellbeing support services page](#) for further information.

### **GPC England committee pages and guidance for practices**

Read more about the work of the [Committee](#)

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@BMA GP / Twitter](#) [@TheBMA / Twitter](#)

Read about BMA in the media: [BMA media centre | British Medical Association](#)

Contact us: [info.GPC@bma.org.uk](mailto:info.GPC@bma.org.uk)

Read the last bulletin: <a href="#">GP contract imposition   lifetime allowance scrapped</a>
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GPC England deputy chair

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