

Dear colleagues

GP contract imposition

GPC England (GPCE) are calling on Steve Barclay, the Secretary for Health and Social Care, to reconsider the [imposition of this year's changes to the GP contract](#) from 1 April, which is currently not fit for purpose. In a [letter sent to the Health Secretary](#) last week, we urged Mr Barclay to sit back down with us to negotiate a contract that the profession could accept. In our letter we said:

“At this time of unprecedented pressure across general practice, the imposition of such a contract will serve only to undermine further the confidence of the profession in the government to adequately deliver what is needed to maintain a safe and accessible general practice, for both GPs and their patients.”

In our letter we also explained what would be needed to rectify the inadequacy of the contract, including offering support to cover minimum wage uplifts for staff, inflationary rises in energy and medical supplies, and other practice running costs.

The letter to Mr Barclay was published the same week as [a report by the Health Foundation](#) laid bare the dire situation facing many GPs in terms of wellbeing, quality of care and service delivery. Findings include the fact that 71% of GPs described their job as ‘extremely’ or ‘very stressful’ in 2022, up from 60% in 2019, while the percentage of GPs saying they were extremely or very satisfied with the way they were practising medicine fell from 39 to 24% during the same period.

Read the [press release about the letter to Steve Barclay](#)

Read more in this [online news story](#)

Read about the 2023/24 GP contract changes on the [BMA website](#)

Junior doctors' and GP trainees strike action – new strike dates announced

Following discussions with the Health Secretary, where no offer was made to begin negotiations, the [BMA has announced](#) further industrial action to be undertaken by [junior doctors \(including GP Trainees\)](#) in England. A 96-hour walkout will take place for shifts starting between 06:59 on Tuesday 11 April and 06:59 on Saturday 15 April 2023.

GPC England supports all junior doctors, including GP trainees, in their pursuit for pay restoration to 2008 levels, and we would urge practices in standing with GP trainees in their fight for fair pay. Show your support for the future of healthcare in England.

Watch David Wrigley, GPC England Deputy Chair, and Dave Smith, Chair of the GP Trainees Committee, explain more in [this video](#) and read also the [statement by Dave Smith](#)

We have published [comprehensive guidance for GP practices](#), trainers and LMCs which covers everything from managing the impact of strike action on practice work to GP trainee rotas and information on [how GP practices can support GP trainees financially](#).

We have produced a poster which we encourage you to display in your practice, a patient information leaflet, and an infographic that can be used on your website, which can be [ordered here](#) and are also attached.

The BMA has also published [guidance on strike action for GP trainees](#).

GP pressures

The latest [GP workforce data](#), published last week, shows that GP practices across England are continuing to experience significant and growing strain with declining GP numbers, rising patient demand, and struggles to recruit and retain staff.

We lost 95 GP practices in the past year – reflecting a long-term trend of closures, primarily due to lack of workforce. This coincides with a rise in patients with a record-high of 62.4 million patients registered in February 2023. The average number of patients each full-time equivalent GP is responsible for has also reached a record high of 2,286.

Over the past year the NHS has lost the equivalent of 522 fully qualified full-time GPs, which includes losing the equivalent of 399 partners. We now also have the equivalent of 2,087 fewer fully qualified, full time GPs than we did in September 2015.

Despite all this, the Government is refusing to listen to us and make the meaningful changes general practice urgently needs. This is why the forthcoming workforce plan must include a fully-funded plan, based on published modelling, for expanding the workforce.

The latest [GP appointment data](#), published today, shows that practices in England delivered 27.3 million appointments in February, almost 2 million more than they did in February last year. Eighty-five per cent of appointments were delivered within two weeks of booking, and around two-thirds were face to face. This is all despite practices in England having lost the equivalent of more than 500 full-time, fully-qualified GPs over that time, showing the intense pressures that practices are under.

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.

Read more about the pressures in general practice [here](#)

General practice pay declaration: guidance

NHS England has now published [guidance](#) setting out which individuals are required to make a pay self-declaration and outlines the definition of NHS earnings for the purpose of the general practice pay declaration. It also explains the process of making the self-declaration and how the data collected will be used. This requirement affects contractors, salaried GPs, self-employed locums and those employed through third party providers.

GPC England is opposed to this policy, believing that it will increase the risk of abuse on of GPs and practice staff. This may also lead to further GPs leaving the profession which will harm patient care. We have repeatedly lobbied for this policy to be reversed. We recommend that all GPs read our [guidance](#) which is in the process of being updated.

Guidance on HRT Pre-Payment Certificate (PPC)

The government has a new policy from 1 April 2023 to support patients having menopausal symptoms with the cost of treatment. Patients who are not already exempt from NHS prescription charges will be able to purchase an [annual HRT Pre-Payment Certificate](#) for the cost of two single prescription charges - £19.60. This will only be valid for HRT preparations published in the [Drug tariff Part XVI](#). These drugs can be prescribed for any clinical reason and still qualify for the HRT PPC.

The amended regulations require the script for HRT be issued separately from non-HRT items (whether paper or EPS). GPCE supports the Government's decision to make HRT medicines more accessible to patients at reduced cost, but we consider the introduction of this new prepayment

certificate, specifically for HRT medicines, too complex. We are disappointed that despite our advice, the DHSC has decided to proceed before the IT for automatic separation of prescriptions is ready, in contravention of the bureaucracy concordat, which they agreed to only a year ago. From 1 April, new FP10s will be introduced with a box 'w' for HRT PPC, but old stock can continue to be used with the patient selecting box 'f' general PPC and the dispenser checking for valid HRT PPC.

When applying for the HRT PPC patients will be advised that they must inform the practice/prescriber that they hold an HRT PPC and ask that the script be issued separately. Pharmacy Contractors and dispensaries may either:

1. First, refuse to dispense a 'mixed' prescription presented by a patient – refuse to dispense both the listed HRT medicine and the other non-HRT item – and ask the patient to return to the GP for two separate prescriptions, or
2. Second, either: dispense the listed HRT medicine, or dispense the other non-HRT item(s) with the prescription charge(s) paid, or (This may be appropriate if the patient has an urgent clinical need for the listed HRT medicine or non-HRT item(s); the patient will need to obtain another prescription for any items not dispensed)
3. Third, dispense both the listed HRT medicine and the non-HRT item(s) – and complete an FP57 refund form for the listed HRT medicine (there is a charge and refund for the HRT medicines, so no money changes hands) and take a prescription charge for the non-HRT item(s).

GPCE recommends that GP practices and LMCs should discuss with their local pharmacies and LPCs about local approaches to this guidance. We will continue to work with DHSC and system suppliers to ensure a digital separation solution is in place as soon as possible.

The patient can choose to apply for an HRT PPC backdated for up to 1 month. If they have not yet applied the pharmacy can issue a FP57 refund form. Patients who already have a valid 3 or 12-month pre-payment certificate for all their prescriptions will not need an HRT PPC. For patients that are stable on HRT we would recommend issuing via repeat dispensing at review, with one authorisation to cover a 12-month period, thus ensuring HRT is issued on a separate prescription. The items included all contain oestrogen/progestogen or both as listed in [DHSC guidance](#). Other medications sometimes used in menopause are not included and would need to be paid for as normal. For further information and guidance for dispensaries see [the full DHSC guidance](#).

Medical Examiners

The new medical examiner system continues to be rolled out across England and Wales. While initially supportive of the increase in scrutiny of deaths, the BMA continues to have concerns around the system and its implementation. In England, the roll-out is expected to take place at a local level, with the risk of inconsistent decision making and unequal support for practices. Some members have found that the new system is working as intended, however others have found it to be difficult to implement without additional resourcing or capacity. While learning from death is an important aspect of medicine, it must not come at a cost to the living and must be adequately resourced. If you or your practice is finding it difficult to comply with the requests of the medical examiner, you may invite the medical examiner to the practice to review the deceased patient's file (ensuring they have all appropriate permissions from the family/next of kin).

There is currently nothing within the GP contract requiring doctors to interact with this system. The role of the medical examiner has been created through the Health Care Act, however the way the medical examiner system is expected to operate is not currently subject to legislation (we expect this to change in the next 6-12 months). If the medical examiner system is placing an excessive burden on GP work, we suggest you comply with your duties and obligations as a GP to certify the death.

DWP Special Rules update

From 3 April 2023, individuals who are likely to have less than 12 months to live can now claim PIP, DLA, AA, UC and ESA via the [Special Rules](#). For more information: www.gov.uk/dwp/special-rules

Annual Conference of Representatives of LMCs (UK) 2023 – registration reminder

A reminder that the deadline for registering to attend the Annual Conference of Representatives of LMCs (UK) 2023 is **Thursday 6 April 2023**, by filling in [this form](#). *Representatives shall be registered medical practitioners appointed at the absolute discretion of the appropriate LMC*, and LMCs may appoint a deputy for any representatives who are unable to attend.

The conference will take place on 18 and 19 May and will be held face to face in London at Friends' House. Please email info.lmconference@bma.org.uk if you have any questions.

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.

We will also be producing some further resources on practice workload and wellbeing in time for Stress Awareness month in April.

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

Read the last [GP bulletin](#)

Read the latest [Sessional GPs newsletter](#)

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