

Dear colleagues

**GPs vote to take industrial action if ‘disastrous’ contract changes are not renegotiated**

GPC England held an emergency meeting today 27 April 2023, where the committee voted to ballot GPs working in England for industrial action if disastrous changes to the GP contract, which could threaten patient safety, are not renegotiated in the coming months.

The meeting was called after the Government and NHS England decided to impose changes to the 2023/24 GP contract, despite repeated warnings from GPC England that they were not suitable proposals. Changes to the contract were also roundly rejected by GPCE in February, calling the proposals [‘unsafe and insulting’](#).

Since then, [the committee has also tried to meet with the Health Secretary](#) to negotiate a better contract, but this too has been cast aside.

In response to this I said:

“Today’s vote is an opportunity for the Government to put right this disastrous contract and to secure the future of patient safety.

“No GP wants to have to consider taking industrial action – and it’s something we still hope to avoid - but the committee has been flatly ignored each time we’ve explained why this contract isn’t workable and needs to be urgently renegotiated.

“General practice is under unprecedented pressure, and these contract changes will only make things worse by taking GPs away from their patients when they need us the most. This is a time to support the health service, not wave through policies that only pummel us further into the ground.”

Read the press release [here](#)

**New GP access regulations**

On 15 May, the new access regulations come into force for GMS and PMS contract-holders. These changes were imposed after GPC England roundly rejected NHSE’s proposals for the 2023/24 year.

The access regulations are fundamentally misconceived. It is not possible to meaningfully increase patient access without dealing with the issue throttling the access in the first place – workload and capacity in general practice. During contract negotiations we made clear our concern with this superficial approach to dealing with systemic problems, and forcefully bargained for real solutions. Unfortunately, our proposals were rejected, and the Government has elected to push forward with these changes.

We have developed [guidance](#) for practices to help them navigate this. The key change practices need to be aware of is that patients cannot be asked to call back another day; instead, patients must be offered an appointment, offered “appropriate advice or care”, signposted to a service or resource, asked to provide further information, or informed as to when they will receive further information about the services that may be provided (having regard to urgency of clinical needs and other relevant circumstances).

We will continue to campaign tirelessly on your behalf for a general practice which is sustainable, and safe for patients and staff. In the meantime, the [GPCE Safe Working in General Practice](#) guidance is still contractually compliant, and we strongly recommend that practices reflect on how they might incorporate this to prioritise safe patient care and staff wellbeing.

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

### **Workforce data**

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

Although there was a slight increase in fully qualified GPs in March 2023 (0.1%), we still have the equivalent of 2,059 fewer fully qualified GPs than in September 2015, and we have lost the equivalent of 463 fully qualified full-time GPs over the past year. In addition to this, the number of GP practices England has reduced by 92 over the past year – reflecting a long-term trend of closures, as well as mergers.

This coincides with a rise in patients: as of March 2023, there was a record-high of over 62.4 million patients registered with practices in England, resulting in another record-high average of 9,740 patients per practice, or 2,285 patients for each full-time equivalent GP. This is an increase of 348 patients per GP, or 18%, since 2015.

The latest [GP Appointments data](#) show that 31.6 million GP appointments were booked in March 2023, which is 4.3 million more than in February 2023, and 1.9 million more GP appointments than in March 2022, which is a significant increase and which demonstrates the increasing workload pressure on GPs.

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

### Workforce returns

Please continue to review your workforce returns to ensure they capture all hours worked in an average week, including CPD time, which may be done at home. For salaried doctors the value in the contracted hours box is used in the returns. For contractors and zero-hours salaried doctors it is the actual hours box that is used. If you are unsure which box to use, please put the actual hours worked per week in both boxes. The website to file returns can be found [here](https://datacollection.sdcs.digital.nhs.uk/)

### **GP workload management and triage toolkit**

The BMA has developed a [tool](#) to help with the increasing workload and to support practices with implementing a triage system if they wish to do so.

The toolkit aims to provide a cost neutral aid to reduce the administrative burden on staff members, ensure patients are seen by the right clinician at the right time and allow GPs to spend their time where it is needed the most. The toolkit includes a number of case studies, along with examples of how you can tailor the system to your practice.

[Read the blog](#) 'Exploring safe working in general practice: how we triage'

### **Wellbeing and stress awareness month**

The contractual changes imposed by NHS England do nothing to recognise the [pressures that GPs](#) are under and GPs are being forced into a position where they worry about the care their patients are getting, which adds to their stress.

April is Stress Awareness month, and we *recommend all GP practices to take some time* to meet to reflect on their wellbeing and what they can do to protect it. This will meet the requirements of the QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#). We have produced a [document](#) which can help guide and inform your project, which includes some tangible recommendations and tools for improving workload and safe working.

We would encourage practices to continue to use our [safe working guidance](#) to enable them to prioritise safe patient care, within the present bounds of the GMS contract.

### **Wellbeing resources**

Self-care is more important than ever for the demoralised and over worked GP profession. If you are feeling under strain the BMA can help, [read an account](#) on how the BMA supported an overworked doctor and find out how the BMA can support you during [#StressAwarenessMonth](#).

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 and resources.

### **Improving access to OH assessments for small businesses**

The Department of Work and Pensions is looking to understand how individuals (employees or employers) currently seek GP support for health concerns or disabilities that are impacting them at work, and to explore views on how they could use these channels to raise awareness and signpost to a new service that provides occupational health assessments. The GP contract does not fund occupational health work, and most GPs do not hold formal OH qualifications. This is extra work which places increased burden on already over-worked practices. DWP are looking for one or two GPs who could spend 30-45 minutes having a discussion with their researchers.

If you are able to help, please contact [clayton.bull@engineering.digital.dwp.gov.uk](mailto:clayton.bull@engineering.digital.dwp.gov.uk), who is the user researcher on the DWP team.

### **Nominations open for seats on the GPs committee via the LMC UK conference**

Every year the LMC UK conference elects seven members to the UK GPs committee. Any BMA GP member is eligible to stand.

The deadline for nominations is 12pm, 11 May. Following the close of nominations, voting will take place during the conference from 5pm, 18 May to 3.30pm, 19 May.

Please note that voting is only open to conference delegates.

Successful candidates will take their seats at the start of the next session after ARM in July. [Submit your nomination](#)

For more information, please contact the BMA's elections team at [elections@bma.org.uk](mailto:elections@bma.org.uk)

**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: [GP contract changes guidance | looking after your wellbeing | new triage tool](#)

Read the latest [Sessional GPs newsletter](#)

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