

Dear colleagues

On behalf of GPC England, I want to thank every single GP and GP registrar across the country who took part in our referendum. Let us not forget, this referendum wasn't even a ballot, it was merely a dress rehearsal for what's around the corner. Either way, had it been a ballot, it would have comfortably passed the required thresholds.

This referendum was a temperature check of the profession - and make no mistake - in the week where we have a third consecutive contract imposition, we are at boiling point. I'm overwhelmed to share the result that more than 99.2% of you have voted firmly against this contract. This is an unequivocal result that will demand NHS England, the Department of Health and Social Care, Government, and other parties now sit up and take notice.

It is now clear that we are one profession, which has spoken with one voice and said enough - time's up. This contract imposition does not give practices stability. It does not give us hope. This contract, which NHSE are choosing to impose upon us, is not safe.

The contract changes, which will be imposed by the Government and NHS England from 1 April 2024, include a national practice contract baseline funding uplift of just £179m for England's general practices, way below inflation in recent years, meaning many practices will struggle to stay financially viable over the next six to 12 months and risk closure.

The day after the referendum closed, GPC England met to decide and determine the next steps we'll be taking as a profession knowing you're standing right behind us. We are now starting to receive the full dataset and results breakdown from Civica, and we'll share that with you in due course too.

When I qualified as a GP in 2008, we were called the 'jewel in the crown of the NHS'. General practice has been demeaned, diminished, diluted, bullied and gaslit long enough. We now start the fight back, bringing our patients with us. Patients want access to their family doctor in a surgery that feels safe, with a well-resourced team ready to meet the needs of our communities, and that's what we want too.

We are the bedrock upon which the rest of the NHS stands, with 400 million patient contacts a year. Almost 1.4 million every single day. That's a lot of voters.

So congratulations, 'team GP'. The battle to save general practice has begun. I'm proud to represent you, and I know that your BMA committee, GPC England, is proud to serve you.

We will be in touch soon with more information, guidance on the 2024/25 contract and next steps for us all.

Watch my video about the GP contract referendum results: [GPCE contract referendum results](#)

[Find out](#) about the contract changes and read our FAQs to learn what this means for you.

Link to press release: [GPs vote overwhelmingly to reject contract changes in BMA referendum](#)

BMA guidance on physician associates

The BMA published [guidance](#) on 7 March 2024 regarding medical associate professionals (MAPs). From a GP perspective, we are well aware that some practices will have substantive employment contracts with associate clinical staff employed both directly by a practice, and also within the ARRS under the PCN DES at a network level.

We readily appreciate the shifting sands of opinion, not to mention the NHSE letter of 27 March 2024, and the Government's planned and imminent regulation of MAP roles by the GMC which itself has aroused strong feelings across the profession. GPCE recognises it may be likely that many roles may have been working in a manner as described in the PCN DES contract, that is they "must" see as a "first point of contact", "undifferentiated and undiagnosed" patients. Substantive guidance for employing practices which will complement the wider BMA position is under development. In the interim, it is for GP employers to determine the terms of individual staff members' abilities to undertake their job competently and safely in meeting the needs of the practice's registered list.

GPC England is in discussion with NHSE and DHSC in light of the recently published guidance which may present a demanding expectation in terms of both supervisory time and availability. However we would remind GP employers that PAs are not independent practitioners – they do require supervision and oversight. Their scope of practice means that GP employers retain responsibility and liability for clinical oversight. Hence in reality, the 'undifferentiated' element is unlikely to be practically implemented in its fullest sense.

Each MAP needs to be assessed on an *individual* basis, with GP employers undertaking due diligence in assessing and monitoring the relevant scope of practice and clinical competence of their respective employees. Furthermore, at present there is no general practice training pathway with supported induction, curriculum or competency coverage. It might be noted that nascent preceptorships are conspicuous by their absence due in part to a familiar story of a lack of ICB support to practices and PCNs.

All staff require induction, and a programme of support. Who decides when staff are ready (or not) to see undifferentiated clinical presentations should be determined on an individual basis after an automatic period of close supervision. In the absence of regulation and quality training assurances, GPs as employers remain ultimately responsible. GPC England would always advise GPs ensure they are fulfilling their GMC obligations.

In terms of a strategic perspective, we appreciate that medically qualified doctors who are not GPs must stay within their scope of practice, therefore one might perceive an inconsistency in approach to then support non-regulated professionals, (given the imposed contractual guidance from NHSE) in seeing undifferentiated, undiagnosed patients.

Headlines from the latest NHS stats

GP workforce – February 2024

- There are 32 fewer fully qualified, full-time equivalent GPs in February 2024 than January 2024, the first month showing a fall in FTE numbers after seven months of sustained increases.
- We have the equivalent of 1,862 fewer fully qualified full-time GPs than we did in September 2015.

- The number of GP practices in England has decreased by 105 over the past year – reflecting a long-term trend of closures as well as mergers. This fall in both staff numbers and GP practice coincides with a rise in patients: as of February 2024, there was another record-high of 63.20 million patients registered with practices in England – an average of 10,018 patients registered per practice.
- As a result, each full-time equivalent GP is now responsible for an average of 2,298 patients. This is an increase of 360 patients per GP, or nearly 19%, since 2015, demonstrating the ever-mounting workload in general practice.

GP appointments – February 2024

- Around 30.5 million standard (non-COVID-19 vaccination) appointments were booked in February 2024, with an average of 1.45m appointments being delivered per working day. This is lower than the average of 1.48m appointments per working day the previous month.
- An average of 1.40m appointments per day were booked in the past year (March 2023–February 2024).
- The number of COVID-19 vaccination appointments decreased significantly from about 11,700 in January 2024 to approximately 140 in February 2024.
- In terms of access, the proportion of appointments booked to take place the same day has decreased slightly from the previous month: 43.5% of appointments in February 2024 were booked to take place on the same day, compared to almost 45% in January 2024.

Appointments booked to take place face to face stayed the same – about 67% of appointments in both January 2024 and February 2024. 45.2% of appointments were delivered by a GP in February 2024: a slight decrease since the previous month (45.5%).

GPC regional byelection for the E York / N Lincs / Lincs constituency

The nominations for the GPC regional byelection for the E York / N Lincs / Lincs constituency will open on **12pm 11th April 2024**.

To nominate please visit <https://elections.bma.org.uk/> (The deadline is **12pm 2nd May 2024**). Please note that following changes to bye-law 90(1) agreed at the ARM in September 2021 all appointed and elected committee members, eligible for BMA membership, must be and continue to be a BMA member to remain on the committee.

Non-BMA members - You will need a BMA web account to access the election – you may already have one if you have registered for one to attend an 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 with your GMC number and the team can check for you.

If you do not have an account, please contact support@bma.org.uk to let them know you need a web account to be able to participate in the GPC election. A member of the team will help you create an account and you will be assigned an BMA ID number. Please email 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.

If you have any queries regarding the election process, please contact elections@bma.org.uk.

LMC Update Email
3 April 2024



Updating LMC contact details

A reminder for LMCs when updating any contact details, or any changes to personnel, to please email Karen Day kday@bma.org.uk.

GPC England committee pages and guidance for practices

Read more about the work of [GPCE](#) and practical guidance for [GP practices](#). See the latest update on X [@BMA_GP](#) and read about [BMA in the media](#). Contact us: info.GPC@bma.org.uk

Read the latest [GPC England bulletin](#)

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