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Dear Colleague

A patient sitting in front of us in a consultation may have questions about a host of issues affecting them. One question they won't be asking is: 'Excuse me, are you a sessional GP or an independent contractor?'

They won't know, and they won't care. From our patients' perspective we are all GPs, whom they trust to listen, diagnose and manage their care.

The unique strength of the BMA GPs committee - and one I am proud of - is that we represent the diversity of the entire profession, from trainees to established GPs, working in a variety of roles and under different contracts.

It was, therefore, a pleasure last week for me to give the opening address at the BMA [sessional GPs conference](#). This was organised by the GPC sessional GPs subcommittee, our nationally elected body representing the full range of sessional doctors - from salaried GPs to freelance locums, those working in chambers, out of hours and others with portfolio roles - who account for a significant and increasing proportion of our workforce. You can find out about the subcommittee's work through our new [monthly newsletter](#). If you're a sessional GP and did not receive last week's newsletter, please [make sure you are registered](#).

The conference covered a wide range of topics, from dealing with difficulties in the workplace to how sessional GPs can better influence their future. One session, on building resilience, could not have been better timed, given that a [recent BMA study](#) revealed that almost three-quarters of GPs found their workloads unmanageable or unsustainable.

We know that newly-qualified GPs often choose to work initially as sessional GPs. These are the GPs of the future, therefore it is vital that their needs and aspirations are addressed. All GPs need to have a positive experience in their formative years, with career development opportunities available to them as well as the chance to acquire the management and business skills they will need to switch to other roles in the future, should they wish. This is essential if we are to motivate and secure the future GP workforce.

GPs across the contractual models are, of course, interdependent, whether by virtue of any partners relying on a sessional GP workforce for their surgeries to run, or sessional GPs themselves wishing to have the option to work both in practices and portfolio roles - for examples, as appraisers or GPs with a specialist interest.

Neither are our roles static; a large number of GPs will be both sessional and principal

GPs at different points in their careers.

However GPs work, there must be equality of opportunity in order that all can play their part in shaping the future of the profession and improving patient care. In many parts of the country, this is already happening, but we are still hearing reports of sessional GPs being restricted from sitting on CCG (clinical commissioning group) boards, or not being informed about local professional activities or clinical developments.

There has never been a more important time for GPs to work together. I referred [in my last newsletter](#) to NHS England's *Five Year Forward View*, which proposes radically different models of care. I have also referred to the trend for practices to [work more closely together](#), and the benefits and challenges that might bring. Given that there are far too few of us to meet the escalating demands placed on general practice, it is vital that we stick together in this pressured environment, understand each other's stresses, and provide mutual support in our collective determination to retain the GP workforce.

Finally, if we are to shape change for the benefit of our patients, we need the talents of the whole profession. Being united is not about being the same, but recognising and respecting the different insights we all bring to general practice.

Best wishes,
Chaand Nagpaul, BMA GPs committee chair

CQC intelligent monitoring of practices

This week the CQC (Care Quality Commission) has, for the first time, published information on every general practice in England using its 'intelligent monitoring' system to decide, it claims, which surgeries it will inspect and on what it will focus. The headline figures suggest that almost eight out of 10 general practices in England appear to be of low concern and almost 3,800 are in the category of lowest concern.

Despite the CQC claiming this was 'not a judgement on GPs' their PR led to several highly critical media stories about the profession. Our rebuttal, issued on Monday, focused on practices struggling with serious workload pressures, exacerbated by the CQC's additional 38 targets, and the negative implications for GP morale. We were particularly critical about publishing the skewed data with no context, including the differing circumstances in which practices operate, and before inspectors have even arrived. Patients will be, at best, confused and we urged the CQC to revisit the proposals if it is to gain the confidence of GPs and patients.

Coverage of the GPC position appeared in the [Daily Telegraph](#), The Times and [The Guardian](#). As well as this, I was interviewed on BBC Radio 4's [Today programme](#) yesterday (go to 1h 52 mins) and the BBC News Channel, with further coverage on Good Morning Britain. GPC deputy chair Richard Vautrey was also interviewed by LBC Radio and a range of BBC local radio stations.

Friends and family test advice

From 1 December, patients must have the opportunity to submit feedback on their practice via the friends and family test, so the GPC has produced some [guidance for you](#) on the subject. This brief update is designed to provide GP practices and LMCs (local medical committees) with an outline of the requirements, as well as providing links to

more detailed information and resources.

Co-commissioning: three models for the future

On 10 November NHS England published its [Next Steps Towards Primary Care Co-commissioning](#) report, which provides information on three different co-commissioning models that will be made available to CCGs from April 2015. These models are: 1) greater involvement in primary care commissioning, 2) joint commissioning with the area team, and 3) delegated commissioning.

The report also clarifies the scope and parameters of the different co-commissioning arrangements. These include the ability of CCGs to take responsibility for GP contracts, the design of local incentive schemes, and performance management of practices. As CCG members, all practices should be aware of the upcoming changes to primary care commissioning detailed in this report and should be actively engaging with their CCG on this agenda. The GPC is currently evaluating the report and will update you on its assessment shortly.

With best wishes,

Chaand Nagpaul
Chair, BMA GPs committee