

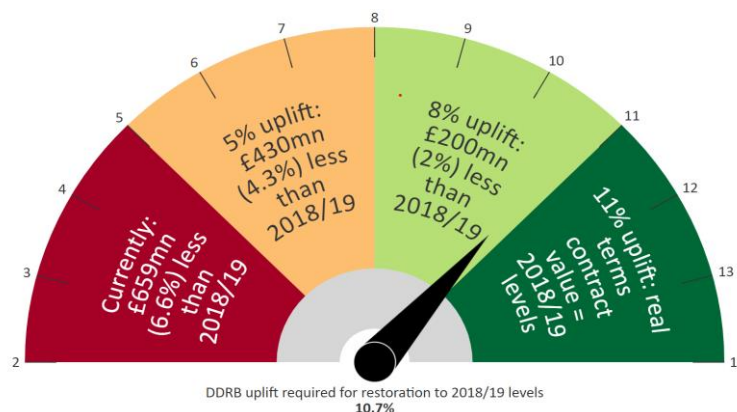
Dear colleagues

### GPC England ballot for GP contractors / partners - If Not Now, When?

Everybody loves an election [swingometer](#). This one has been designed by our team to explain why we must proceed with taking action to save general practice. Take a close look: it shows how high the backdated uplift would need to be just to *restore* real-terms funding to 2028/19 levels. So, the election timing is ideal. The new Government will receive a recommendation from DDRB and will make a decision on a backdated uplift right in the middle of our ballot. Spoiler alert: it will not be anywhere near enough. A new government on 5 July will change nothing.

#### [DDRDB Uplift swingometer](#)

What will each possible % DDRB uplift really mean, in real terms, for core contract funding compared to 2018/19?



\* Assuming the recommended DDRB uplift is applied to both Staffing Expenses and Contractor Pay elements of the contract. Existing contract uplifts for respective elements have been subtracted.

For context, NHSE and DHSC have recommended 2%. But 10.7% is the uplift required to restore real-terms funding to 2018/19 levels.

When the next Government takes the reins on 5 July, it is very unlikely they will go significantly beyond the recommendations of DDRB. What effect would (for example) a 4% uplift have on your practice? Look at the swingometer: you'll see this represents much less in real terms than your practice was receiving 5 years ago. A 4% uplift is still a 7% real-terms cut.

What does that mean? It means the closures of GP surgeries will continue. Those that struggle on will find it even more difficult to offer enough appointments and manage their workload. This is a vicious spiral, and it's why we have no choice but to *Take Action to Save General Practice – Protect Your Practice, Protect Your Patients*.

This week sees the release of our 2024/25 contract guidance documents which we are sharing directly with LMCs, and which will be on the [www.bma.org.uk/gpcontract](http://www.bma.org.uk/gpcontract) site next week. We have also produced campaign infographics for you to attach to your emails, practice website and socials, as well as PPG and patient-facing resources – all of which will be available to download from the GP campaigning pages on the BMA website next week.

At the Roadshows we will guide you through the list of potential actions practices can take – which can be chosen from among the menu within our BMA GP Practice Survival Toolkit. The national roadshows will cover the period our online ballot will be open for GP contractors / partners across England, from **Monday 17 June, closing 29 July ahead of action commencing from Thursday 1 August. There will also be an opportunity to join the BMA and get three months' membership free from 17 June.**

GP contractors/partners will be asked to **vote YES** and send a powerful message to the new Government to agree to a new contract for GP practices across England.



We need to fix the contract, not the model. Show the next Government that you are committed to fight for your future, and to reassure your patients that 'GPs Are On Your Side'.

#### If not now, when?

1. Take Action to Save General Practice.
2. Protect Your Practice, Protect Your Patients.
3. Vote Yes in the GP contractor / partner Ballot.

Watch our [video about voting YES for collective action](#). Read more [here](#)



#### GPC England Officer Team face-to-face contract roadshows

Following the [announcement](#) of the ballot of BMA GP partner members for action on the 2024/25 GP contract, the GPCE officer team is travelling the country in a series of roadshows, hosted by regional LMCs. **The roadshows will take place in over 20 locations across England from 5 June to 24 July.**

This is an opportunity to hear face-to-face about the action practices will be able to take, details about the ballot, expert leading counsel advice, collection of your practice resources, and a chance to discuss and debate with your peers. We will also be sharing the **BMA GP Practice Survival Toolkit to Protect your Practice, Protect your Patients.**

The roadshows are open to all GP contractors/partners and practice managers, salaried GPs, GP registrars and practice nurses. **You do not need to be a BMA member to attend**, so please invite your colleagues and ensure there is representation from every practice in your locality.

See the list of events across the country and register [here](#)

Please note - if you are accessing on a phone you will need to scroll right across the screen to view the registration links.

## BMA membership details

**It is vital that you keep your BMA membership details up to date so you can vote in the non-statutory ballot for all GP contractors / partners in England that has just been announced.**

To vote in the non-statutory ballot, we need you to login to [www.bma.org.uk](http://www.bma.org.uk) and check your details are current and correct. *We must have the right information for your vote to count, so please double check. If you have any issues updating your details, please email [gpcontract@bma.org.uk](mailto:gpcontract@bma.org.uk) for further assistance. Please look out for an email from [bma@cesvotes.com](mailto:bma@cesvotes.com) which will allow you to vote.* We need:

- Your personal details, including a valid email address
- Place of work details for all your roles

Your details **MUST** be up to date for your vote to count.

**In this first ballot, GP contractors / partners need to vote YES to send a message to Government that we are ready to stand up for a better service for our patients, and to protect our practices.**

Please check and update your details here [BMA - Sign In](#)

### BMA Membership offer

Non-members still have time to join in the ballot. Any new member joining from **17 June**, will get their first 3 months of membership for free. The latest date to join for the vote to be counted is 22 July. Please encourage your colleagues to join: [bma.org.uk/join](http://bma.org.uk/join)

### LMC UK Conference update 2024

The [LMC UK Conference](#) was held last week at Celtic Manor, Newport, Wales. A number of motions were discussed, including the following about Physician Associates in general practice:

*That conference has increasing concerns about the development and promotion of physician associates in general practice and:*

*(i) agrees that GPs, as expert medical generalists, cannot and should not be replaced by physician associates*

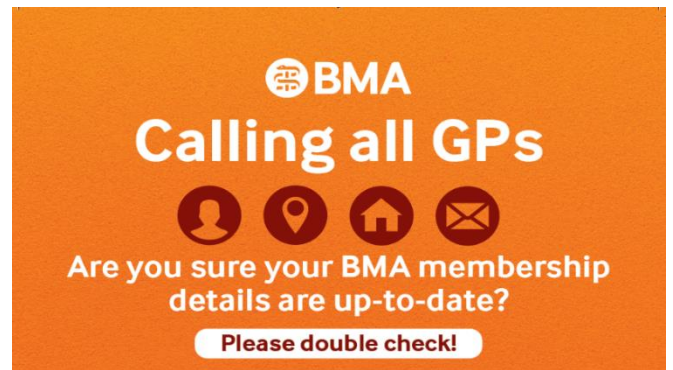
*(ii) believes that the GMC is complicit in the government's agenda to create a cheaper and inferior delivery model of primary care by using PAs in place of GPs*

*(iii) insists that patients are made fully aware of the role of any health care professional before any consultation*

*(iv) necessitates that all GPC UK members openly declare any interest, financial or otherwise, in PAs from this point onwards.*

This follows the recent [BMA guidance for the supervision of Medical Physician Associates](#) which will require Physician Associates to have named doctor supervisors immediately available at all times.

The [Conference resolutions are available](#), and will be available on the BMA website shortly. The [Agenda 'Yma o hyd'](#) ('still here') and further information is available [here](#)



## GP Workforce data

The latest [workforce data](#) showed that the NHS had the equivalent of 27,606 fully qualified full-time GPs in April 2024. We have the equivalent of 1,759 fewer fully qualified full time GPs than we did in September 2015. During this time, there has been a rise in the number of patients, with April 2024 seeing yet another record-breaking number. GPs are now responsible for almost 20% more patients than in 2015, demonstrating ever mounting workload pressures.

- The GP Partner workforce in particular has been shrinking since 2015. There were 16,534 FTE GP partners in April 2023 but 16,091 in April 2024: **a total loss of 404 FTE GP partners in the past 12 months alone.**
- **We have lost a further 101 GP practices in England over the past year – reflecting a long-term trend of closures and mergers.**
- This fall in both GP partner numbers and GP practices coincides with a rise in patients: as of April 2024, there was another record-high of 63.32 million patients registered with practices in England – an average of 10,065 patients registered per practice.

[See more infographics and data, collated by our BMA teams, showing the pressures in general practice](#)

## GP unemployment crisis survey

Whilst practices are closing due to lack of funds, it's clear that available resources to engage locum GPs has also collapsed and locum GP employment is in crisis. The underfunding of general practice combined with the exclusion of GPs from ARRS funding has led to a ridiculous situation where we have patients desperately wanting to see a GP, practices in need of GPs, and GPs in need of work. For many, the only viable decision has been to leave general practice or the NHS altogether and find more stable work. The sessional GPC are working hard to combat this issue, but we need data to support us in influencing, lobbying and campaigning right now, during the election campaign.

**This is where you come in. We want to share your experiences.**

**It's very important that any GPs undertaking locum sessions respond to this survey.**

We want to hear from any GP across England who has undertaken locum sessions in the past 12 months. The survey is also open to non-BMA members. **All responses will be anonymised.**

The [survey](#) will close at midnight on **Sunday 9<sup>th</sup> June 2024**. Please complete the [survey](#) as soon as possible, to ensure our negotiating position is as strong as possible.

*Share the Survey with ALL your GP colleagues now: [Locum employment survey](#)*

Dr Mark Steggles  
Sessional GPC chair

### **Infected blood inquiry – Hepatitis C testing**

Although it is likely that the majority of people directly affected by infected blood have now been identified and started appropriate treatment, there may be people who have not yet been identified, particularly where they are living with asymptomatic Hepatitis C. People who had blood transfusions may not have considered these risks before or sought testing. Patients may decide to contact practices as they are worried following the publicity about this issue.

The [Inquiry report](#) recommends that people who received blood transfusions up until 1996 should be offered a blood test for Hepatitis C if they have not been tested before (GP practices may have noticed that previous guidance set the date as before September 1991).

Patients can be directed to the online service for at-home Hepatitis C self-testing kits, which are available via [heptest.nhs.uk](http://heptest.nhs.uk) for anyone over the age of 18 and living in England. Any positive results from at-home testing are dealt with by local Operational Delivery Networks and passed to specialist hepatology teams, who arrange to contact the patient, notify them of their results, manage their care and treatment, and communicate this to the patient's registered GP.

Further resources for Hepatitis C care, including a Primary Care Toolkit are available [here](#)

### **Wellbeing resources**

We continue to encourage practices to focus on their own team's wellbeing and take time to reflect on what can be done to protect it (this will also meet the requirements of QOF [quality improvement project on staff wellbeing](#)). A range of wellbeing and support services are also available to doctors, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#), [Samaritans](#) and [Doctors in Distress](#). See also our [poster with 10 tips to help maintain and support wellbeing](#).

### **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](mailto:info.GPC@bma.org.uk)

### **Read the latest [GPC England bulletin](#)**

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