

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

7th March 2023

GP contract 2023/24

NHS England have today published [changes to the GP contract 23-24](#). These changes have not been agreed by the BMA's GP committee, but imposed by NHSE and government.

Key points include:

- No change to planned contract uplift – global sum uplift will only allow for 2.1% increase to practice staff pay
- The GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time. This could have serious implications for practice workload pressures.
- Prospective record access to be offered by 31 October 2023
- Mandate use of the cloud based telephony national framework and practices will be required to procure their telephony solutions only from the national Better Purchasing Framework once their current telephony contracts expire
- The number of indicators in the IIF will be reduced from 36 to five (worth £59 million) and will focus on two indicators related to flu vaccinations, and one each on learning disability health checks, early cancer diagnosis and 2-week access indicator
- The remainder of the IIF will now be worth £246 million and will be entirely focused on improving patient experience of contacting their practice and receiving a response with an assessment and/or be seen within the appropriate period (for example same day or within 2 weeks where appropriate, depending on urgency). 70% of the total funding, equating to £172.2 million, will be provided as a monthly payment to PCNs during 2023/24 via the Capacity and Access Support Payment
- The remaining 30% of the total funding, equating to £73.8 million, will be assessed against an access improvement plan agreed with the ICB in quarter 1 of 2023/24. At the end of March 2024 ICBs will assess for demonstrable and evidenced improvements in access for patients and then award funding
- All the QOF register indicators points will be awarded to practices, based on 2022/23 outturn once finalised, releasing £97m of funding and reduce the number of indicators in QOF from 74 to 55. However this will mean that is population prevalence increases in 2023/24 practices will not be funded for this. Two new cholesterol indicators (worth 30 points - £36 million) will be added to QOF along with a new overarching mental health indicator. One indicator (AF007) will be retired and replaced with a similar indicator from IIF in 2022/23
- QOF QI modules will focus on workforce wellbeing and optimising demand and capacity in General Practice with an emphasis on using data to analyse potentially avoidable appointments
- The removal of the item of service vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes along with changes to the childhood vaccination and immunisation indicators within QOF which will see the slightly lower thresholds reduced to 81% – 89% (dependent on indicator) and the upper thresholds raised to 96%
- Including Advanced Clinical Practitioner Nurses in the roles eligible for ARRS reimbursement as Advanced Practitioners

More details will be provided as soon as they are available.

The BMA GP committee interim chair, Dr Kieran Sharrock, met with the secretary of state for health Steve Barclay last week to discuss the GP contract in a final bid to negotiate meaningful

changes that would provide security and sustainability for practices and patients in England. However, Mr Barclay refused to come forth with any improved offer.

It is extremely disappointing that the Government has refused to allow NHS England to substantially improve its offer, especially in terms of providing adequate support to practices in the face of the dire straits many find themselves in, with ever-increasing demand and continuing workforce and funding shortages. They have been clear that the continued focus on access, instead of looking at capacity, workload and continuity – at a time when we are seeing more patients than ever – will further impact GP morale and retention.

It is particularly frustrating that the Government has insisted on sticking to the financial uplifts set out in the ‘five-year framework’ agreed in 2019 (allowing for a 2.1% pay uplift for all GPs, practice staff and practice expenses) despite the extreme change in economic circumstances that have seen a massive inflationary spike over the last 12 months, and significant increases in workload since the pandemic.

While the BMA have secured some welcome changes in the contract, including a reduction in IIF indicators, they are disappointed in the inability of NHS England or the Government to adequately compromise on several ongoing issues that were raised during negotiations including the declaration of earnings, online access to records and a relaxation of QOF and IIF to allow practices to focus on core patient care. The committee is now assessing its options in terms of the impending imposition of a contract for 23/24, including potential balloting and industrial action.

The BMA have issued a [press statement](#) in response to the contract imposition, in which Dr Kieran Sharrock, acting chair of GPC England at the BMA, said: “It’s extremely frustrating to see a second GP contract imposition forced on the profession, especially one that does absolutely nothing to improve what is fast-becoming an irreparable situation for practices and their patients up and down the country. This contract is the result of a failure to listen to what GPs actually need, and totally ignores the calls for any extra support to help practices meet the rising costs of keeping their doors open. Despite warnings from GPC England, it also introduces more bureaucracy and arbitrary targets that only set practices up to fail and take GPs away from direct patient care.”

2023/24 GP contract update webinars

You can now [register](#) for the GP contract update webinars being held this month. The GPCE officers will deliver the same presentation at each webinar so attendees need only attend the event most convenient for them. The dates and times are:

21 March, 7–8.30pm
22 March, 12.30–2pm
29 March, 7–8.30pm
30 March, 12.30–2pm
30 March, 7–8.30pm

GP workload and workforce figures

GP practices continue to experience significant and growing strain with declining GP numbers and rising demand, as shown yet again by the latest [GP workforce data](#) up to 31 January 2023. In January this year, 88 GPs left the NHS and there are 2078 fewer fully qualified GPs than in 2015. At the same time, each GP now has 2283 patients to care for, which is 18% more than in 2015. [GP appointment data](#) shows that practices delivered 30 million patient consultations in January, 6% more than the same month in 2019.

Junior Doctor Industrial Action

The BMA has now notified Trusts and members that the first round of action for junior doctors will start on Monday 13 March and conclude on the morning of Thursday 16 March. They will also now be joined by members of the Hospital Consultants and Specialists Association (HCSA) (who had previously announced strike action on 15 March) and the British Dental Association (BDA), aligning with the dates and times of the BMA action. This will include complete cessation of labour for 72 hours.

The BMA has confirmed that there will be no derogation of services negotiated at any level for the during the strike period, with the exception being arrangements to recall staff in event of a mass casualty incident. NHS England have [stated](#) that while capacity and staffing levels in general practice may also be impacted by junior doctors taking strike action, GP contractors are responsible for maintaining patient access to appropriate care on industrial action days.

The BMA have published [guidance for GP practices, trainers and LMCs](#) during the industrial action. Whilst surgeries should be cancelled for those GP trainees taking strike action that BMA advises that no changes or cancellations should be made to educational elements of GP trainees' rotas. Specifically, Self-Directed Learning (SDL) time, educational supervisor sessions, & Half Day Release (HDR) teaching should not be rescheduled into time where industrial action is to occur. GP trainees are an important part of the practice team, but they are supernumerary to the workforce of the practice.

Junior doctors, including GP trainees, undertaking industrial action are only able to join picket lines at their usual place of work. For GP trainees working in a practice setting, this would mean picketing outside their practice. However, this fight is not against GP practices and therefore, the BMA are encouraging GP trainees who are taking part in IA to join protests at their nearby hospitals as we expect the majority of junior doctors on the selected days to demonstrate there.

Leeds LMC support junior doctor and GP trainee colleagues at this time. Junior doctors have experienced a cut of more than 25% in real terms to their salaries since 2008/09. GP trainees have lost out due to their pay not having kept up with their hospital colleagues. The lack of investment by the Government has made it harder to recruit and retain junior doctors, with many being driven out of the profession. There are now 1,973 fewer full time GPs compared to 2015. The NHS has lost at least 658 qualified GPs since 2021. This puts further pressure on the NHS and makes it harder to deliver care to the standards expected by both professionals and patients.

We believe that our GP trainee colleagues are a valued and essential part of the NHS, and that they are not worth 25% less than they were in 2008. We therefore support GP trainees and other junior doctors in their pursuit of pay restoration to help retain the workforce at a time when we need them more than ever.

Consultants indicative ballot

More than 17,000 NHS consultants in England have voted decisively for strike action in a consultative ballot. The ballot asked if they would be prepared to strike over the failure to address the ongoing pensions crisis and cuts to their pay. The turnout was 61% and 86% voted in favour of strike action.

As a consultative ballot this does not provide a legal mandate for strike action. The BMA have now called on the government to outline serious proposals before the 3rd April about how it intends to fix pay, fix pensions and fix the broken pay review process, and if this doesn't happen the BMA will proceed to a statutory ballot of consultants in England around the 17th April. If the ballot is successful, it will provide the Association with a legal mandate for industrial action and allow consultants to take strike action this spring.

ICB running costs

Integrated Care Boards took over from CCGs in July 2022. NHS England have now written to them all to inform them of requirements for [efficiency savings](#) in the baseline Running Cost Allowances for ICBs which have already been published through the annual [operational planning guidance](#) and the [supporting publication of allocations for 2023/24 to 2024/25](#) and which will be subject to a 30% real terms reduction per ICB by 2025/26, with at least 20% to be delivered in 2024/25. This will mean a review of the operating model for the ICB in West Yorkshire, as elsewhere. The LMC will closely monitor whether this will impact the arrangements in Leeds for GP representation.

Version 2 referral template for the NHS Digital Weight Management Programme

Version 1 of the Digital Weight Management Programme e-referral template will expire on 31 March 2023. Following this date, GP practices must submit e-RS referrals to the new service name: "NHS Digital Weight Management Programme, NHS England Version 2", using the postcode ST4 4LX.

GP practices must use the [version 2 referral template](#) and remove the version 1 referral form from their systems. The new form has already been distributed to local data quality and IT support teams, Ardens Healthcare, Primary Care IT, DXS and PRISM.

Death certification

The ICB are trying to understand how practitioners complete the Medical Certificate of Cause of Death (MCCD) prior to the changes planned for April 2023 when the Medical Examiners review comes into force. The work underway aims to understand variability in the use of MCCDs regarding the causes of death presented in the certificates, and how much is influenced by training in the matter, by knowledge of WHO guidelines, and by experience.

Please help by sharing your GP views and experiences of death certification by completing a short survey, the findings of which will be shared with the team developing the service post April 2023. The link to the survey is [here](#) [you may need to use Chrome or Edge to access the survey]

PRACTICE VACANCIES

PLEASE BE AWARE THAT WE ARE NOW ADVERTISING PRACTICE VACANCIES ON THE LMC WEBSITE – PLEASE VIEW VIA WEBSITE LINK- [Leeds LMC: Jobs](#)