

### **The Practitioner Health Wellbeing app**

The [Practitioner Health Mental Wellbeing App is now available to any member of the primary care team](#). You can register for the app using the access code PC2022 and you will then be sent joining details. The app is a personalised mental wellbeing tool, creating a wellbeing plan based on individual scores and customised content based on your identified needs and directing you to tools, resources and routes to support.

### **GPC England Officer team update**

We are pleased to announce that Clare Bannon has been elected to the GPC England Officer Team as deputy chair covering the maternity leave of Farah Jameel. She has been a GP Partner in Barnsley for since 2010, she is the current Chair of the Association of South Yorkshire LMCs (Local Medical Committees) and has been Medical Secretary of Barnsley LMC for four years.

In response to this, she said: “I do not underestimate the challenge ahead, General Practice is at breaking point, with intense pressure on GPs across the country to meet the ever-growing demands of the job. I will join the rest of the Officer Team in rebuilding general practice to ensure we meet the needs of our patients and protect the Wellbeing of GPs and their teams”.

Read more about GPC England [here](#)

### **Accelerated citizen access to GP records - mass roll-out halted**

You will have seen from our [message](#) earlier this week, that the mass roll-out that would have turned on prospective access to the medical record from 30 November 2022 is not now occurring for those who wish to delay the process.

GPC England has been in ongoing dialogue with NHS England (NHSE), the Department of Health and Social Care (DHSC) and others on your behalf about the GP access to records programme and the planned rollout schedule.

The BMA has committed to work with NHSE, system suppliers and others to review the current approach to accelerating access and to see if we can jointly find an alternative path to improve the uptake of access in a way that allays the concerns of practices whilst ensuring practices remain in control of the process. The protections within the current contract need to be recognised with regard to ensuring you can provide essential services. General practice will be informed ahead of any system changes being implemented.

Read our statement and FAQs [here](#)

Read our full guidance [here](#)

Read our press statement [here](#)

We will be issuing more guidance and updates in the coming weeks.

### **GP appointment and workforce data**

The latest [GP appointment](#) and [workforce data](#) for England was published last week. The data makes for alarming reading. There are nearly 1,900 fewer full time fully qualified GPs since September 2015, yet the number of face-to-face appointments is going up and show the highest level of GP appointments on record. This demonstrates how busy practices are, but there's a limit to what general practice can safely deliver with such a depleted workforce.

We need the Government to find solutions to address the staffing crisis, and to make general practice a safe place to work so that doctors can continue to deliver the care our patients need and deserve.

For the first time, the [appointment data](#) also include data at practice level. As we reported last week, we have already expressed concerns over the data being published this way. There are bound to be many differences in the way practices operate and how staff provide care for their local communities - none of these nuances have been taken into account. Rather than this being a useful tool to aid patient choice, it is naming and shaming practices when the morale of dedicated staff is at rock bottom. Ultimately, such data should be used to support, not punish practices.

Read the full statement by Kieran Sharrock, GPCE Deputy Chair, [here](#)

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

Read our guidance on [Safe working in general practice](#) which is designed to enable practices to make decisions as to how to prioritise care, and deprioritise certain aspects of their day to day activity, within the confines of the GMS contract.

### **Autumn statement 2022**

The BMA has created a [briefing](#) analysing the impact of the Government's autumn fiscal statement on doctors. The statement details the UK government's plans for tax and public spending over the next five years. The main things that will impact doctors are:

- Commitment to publish a workforce plan in 2023, including independently verified forecasts for the number of doctors and other health professionals over the next 15 years - which the BMA has been campaigning for.
- GP contractors and other employers will face higher costs due to increasing staff costs (frozen employer NICs thresholds and higher minimum wages) and other costs such as energy bills.
- The Department of Health and NHSE were promised a small amount of additional money for day-to-day spending, but resources will still be extremely tight.
- Changes to personal tax policy will reduce the take home pay of all workers, including doctors.
- Overall, the cost-of-living crisis and dire economic picture will increase poverty and impact health, increasing pressure on the health system.

Read more about budget and fiscal

events [<http://the%20key%20highlights%20can%20be%20found%20on%20the%20website%20here./>]here

### **Mandatory Training on Learning Disability and Autism**

LMCs have raised that a recent [NHS England Primary Care Bulletin](#) references 'The Oliver McGowan Mandatory Training on Learning Disability and Autism'.

This is one form of training available, but to clarify, undertaking this specific training is NOT mandatory. There is a requirement under the [Health and Care Act 2022](#), that all practices ensure their staff have training on a Disability and Autism appropriate to their role.

The Secretary of State for Health is required to set out a Code of Practice detailing the requirements. This has not yet been published and is expected 2023, until then practices should not be pressured to undertake specific training, and should decide what training is appropriate for their staff.

### **GP Trainee visas**

The BMA continues to call for a permanent solution to barriers to staying and working in the UK currently faced by trainee GPs as they approach completion of their training. In October 2022, we wrote to Home Secretary Suella Braverman, to urge her to act and work with colleagues in the Department of Health and Social Care to deliver a permanent solution.

Conservative MP Matt Warman led a [Westminster Hall Debate](#) on international doctors' visas on 2 November, during which he called on the Home Office and Department of Health to work together on a lasting solution to the issue in the best interests of the NHS workforce and patient care. Ahead of the debate, GPC England Deputy Chair Kieran Sharrock and members of the Public Affairs team briefed Mr Warman, and he drew on the work of the BMA on a number of occasions. During the debate, Immigration Minister Robert Jenrick gave the clearest indication yet that the Government was willing to look at umbrella sponsorship as a potential solution.

We have since [written](#) to the Minister directly on the issue and have made clear the BMA's willingness to be included in conversations with the Home Office on this.

### **Pooled code practices warned to check for significant reimbursement shortfalls**

Practices in England and Wales with a pooled list are being advised to check for significant shortfalls in reimbursement since the transition from Open Exeter to PCSE. An explanatory letter is available to download [[http://169\\_20-prescriptions-for-reimbursement-ltr-final.pdf%20%28dispensingdoctor.org%29/](http://169_20-prescriptions-for-reimbursement-ltr-final.pdf%20%28dispensingdoctor.org%29/)]here

### **CQC work in general practice**

Mani Hussein, the Director of Primary Care at CQC, has offered to come and talk to LMCs about the work the CQC is doing in general practice. This is an opportunity for questions to be asked and for him to put a face to the CQC policies. If you are interested, please contact: [Jane.Deacon@cqc.org.uk](mailto:Jane.Deacon@cqc.org.uk)

### **Wellbeing**

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing.

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.

**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 latest GP bulletin (England) [here](#)**

**Read the latest Sessional GPs newsletter [here](#)**