



CLEVELAND LMC

Cleveland Local Medical Committee

Cleveland Local Medical Committee Bulletin Tuesday 8 May 2024

Contract dispute update

We are now [in dispute with NHS England](#) in relation to the imposed changes to the 2024/25 GMS Contract for General Practice. GPC have warned them that industrial action could follow unless urgent improvements are made to the contract. It is now vital that we reassure patients that we're on their side by raising awareness of the issues that have brought us to this crisis point. Thank you once again to the huge number of BMA members who responded to the referendum giving a 99.2% rejection of the 24/25 contract. We are preparing for the next steps over action we can take.

GPC also [wrote to each of the 42 ICBs](#) asking them to add 'general practice' to their risk register given the ongoing crisis we face with unmanageable workloads, practices handing back contracts and many being in financial distress. This was an important step and quite rightly has raised concerns from ICB leaders and NHS England.

GPC will soon be sending some digital resources to use in your surgeries to explain to patients some of the problems we face. Keep an eye out for these in your inbox and via our social media channels.

Within the next two weeks we will be sharing details of roadshows taking place across the country, both face-to-face and virtually. This will be an opportunity to be part of the wider discussion around what the next steps for the profession will be.

Thank you for your support. Together we will fight for the future of our profession.

Read more about the dispute here: [GPs in England go into dispute with NHS England over contract](#)

GP pressures

The latest [GP workforce figures](#) for England show the number of patients per practice is rising. GPs are now responsible for about 18% more patients than in 2015, demonstrating ever-mounting workload pressures.

The NHS in England has lost the equivalent of 1,790 full-time fully qualified GPs since 2015. There are also fewer GP practices, with a decrease by 106 over the past year. This fall in both staff numbers and GP practice coincides with a rise in patients: as of March 2024, there was another record-high of 63.27 million patients registered with practices in England – a full time equivalent GP is now responsible for an average of 2,295 patients.

The latest [appointment data](#) shows that that around **29.9 million standard appointments** were booked in March 2024, and over the past year, approximately 353.3 million standard (non-Covid-19 vaccination) appointments were booked. When comparing to pre-pandemic levels, this is **43.1 million more appointments** than between April 2019 to March 2020.

[See more infographics and data, showing the pressures in general practice, on the BMA website.](#)

Total number of patients registered in practices (England)

September 2015 to March 2024



Source: BMA analysis of NHS Digital General Practice Workforce Statistics



BMA medical attrition report

Last week, the BMA released [a new report](#) exploring medical attrition in the UK's health services. In 2022/23, between 15,000 and 23,000 doctors left the NHS in England before reaching retirement age. Depending on the exact number of doctors leaving, we estimate that this loss has resulted in between £1.6 to 2.4 billion in additional costs for NHS employers and the public purse, at a minimum. With increasing numbers of doctors reporting taking hard steps to leave the profession, this cost will increase without action.

The actual cost of replacing an individual doctor will vary, however, and can easily cost over £250,000. For a full-time salaried GP who decides to move abroad, leaving their post at a small rural practice after six years work, the combatively cost would be around £295,000. The practice may struggle to recruit and have to rely on locum cover for 3 months – resulting in an addition £86,000 cost. Eventually, a newly qualified GP is hired, and they take around 25 days to find their feet – resulting in £1000 of productivity losses over that period. One less doctor in the workforce results in the need to train a new doctor to keep workforce numbers up - training a GP to the same level would cost at least £260,000.

The good news is that there is plenty that governments, UK health services and employers can do to hold on to staff and curb preventable costs in the process, many of which would result in immediate benefits. We pinpoint four key areas where urgent action is needed to retain doctors in the UK's health services, and save public money: pay and debt; working conditions; diversity and inclusion; and development and support. [Read the report](#)

Covid therapeutics guidance

Further to the [guidance](#) sent out last week about COVID therapeutics, we have had multiple reports of ICBs trying to push this prescribing to General Practice, with minimal funding and support. It is very important to be clear that prescribing of the first and second line agents Paxlovid (Nirmatrelvir plus ritonavir) and Sotrovimab (an IV medication) are not suitable for prescribing routinely through General Practice.

Clinicians running Covid Medicines Delivery Units (CMDUs) are clear the assessment of these patients is time consuming due to the large number of interactions and contraindications, and often requires input from specialist colleagues before prescribing. The first line drug (Paxlovid) is very

difficult to prescribe, as it has interactions with many common and specialist medications that many in these patient groups will be taking (e.g. Amlodipine). Even with increased eligibility, GPs would not see sufficient numbers to prescribe this drug safely, and doing so would be contrary to the GMC's good medical practice guidance.

We therefore recommend that GPs do not agree to prescribe Paxlovid unless as part of an appropriately commissioned specialised service. We would recommend you contact your LMC if you feel pressured to prescribe or feel unhappy at how this is being dealt with by your local system.

Where traffic light systems are in place maintaining as a 'red' classification supports the need for a separately commissioned service. We are clear that governance of ICB Medicines committees must allow GPs to refuse such prescribing in line with GMC guidance. Read our [guidance](#).

Medical Examiner arrangements

The National Medical Examiner (ME), Dr Alan Fletcher, [has confirmed the deferment of the statutory introduction of the Medical Examiner \(ME\) until 9 September 2024](#); this delay offers a further opportunity for local ME Units to "on-board" GP practices. Practices should start to trial their links with ME Units in terms of IT connections, and when providing a draft MCCD for ME comment. This will help local ME Units plan their capacity and responsiveness both in terms of the numbers involved when all community deaths are reviewed, once this a statutory process, and the need to provide "fast-track" arrangements, for example, for certain faith groups. Finally, the digital MCCD is planned to be available by September.

GPC England will continue to liaise with the National Medical Examiner and provide updates as they become available, and practices are encouraged to contact their LMCs with any queries. Many LMCs already have good links with their local ME Units which is very helpful.

RCGP consultation on Physician Associates

The RCGP is undertaking a [consultation on the role of PAs](#) (Physician Associates) in general practice. A survey of all current RCGP members is running from 22 April to 10 May 2024. We would encourage all RCGP members to respond. To help inform your response the BMA position on PAs in general practice, including on scope of practice and seeing undifferentiated patients, is available [here](#).

If you are an RCGP member and you have not received an email with the survey link and believe that you should have, please contact policy@rcgp.org.uk

National Visa support service for GPs

As part of the closure of NHSE's Primary Care Workforce Team, the national Visa Support Service for GPs and GP practices currently provided by the team will also be closing. National support for practices, ICBs, regional teams and GPs with visa queries will end on 31 May 2024 and other responsibilities such as funding visas and providing practice matching are moving to ICBs under the new NHS England operating model. Individual GPs with immigration concerns can get free advice from our [Immigration Advice Service](#), and the following contacts will apply after the 31 May 2024:

- Visa related queries and issues should be raised directly with the dedicated NHS Visa Team at the Home Office via UKVINHSTeam@homeoffice.gov.uk.
- Queries relating to the 4-month visa extension for newly qualified GPs should be raised with NHS England's Overseas Sponsorship Team via england.sponsorship@nhs.net.

Please note that existing NHS England visa support for sponsored GP trainees, and GP and practices participating in the International Induction Programme will continue to be provided.

BMA members with concerns about this can contact the BMA's International Team info.international@bma.org.uk

Participants needed for new autism research

Autistic Doctors International, in partnership with Brighton and Sussex Medical Schools, are conducting a new survey which aims to assess the prevalence of autism and autistic traits in doctors within the UK. The research is intended to help to improve understanding of autism within the medical profession on a national scale, which will help impact future support and policy. The survey is anonymous and takes around 7 minutes to complete. If you are interested in taking part and/or sharing with your networks, the link is [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](#).