



Cleveland LMC Bulletin Tuesday 24 September 2024

GP Action

Now that summer is over and we know you're keen to get stuck into Collective Action. We have given the new government an opportunity to get around the table, but we are still waiting to hear back. I'll be at the Labour Party Conference this weekend, and I've written to the Secretary of State this week ahead of the Autumn financial statement next month: the clock is ticking.



Over 80% of practices are already taking one or more actions from our [safe sustainable action menu](#). None of them breach your contract, but they will help you manage your workload and keep you safe. Don't forget to use our [safe working guidance handbook](#) to support your practice team's transition to providing safer, higher quality care for the patients you see.

Our [GP practice survival toolkit](#) include 10 actions practices can choose from, to support a safer service for their patients and their practice team, including:

- Taking steps towards limiting daily patient contacts per clinician to the [UEMO recommended safe maximum of 25](#)
- Serving notice on additional unfunded work outside your contract, or on poorly funded locally commissioned services which are draining practice resource
- Opting out of local secondary use data sharing agreements
- Switching off or muting medicine optimisation software which cuts costs as a priority over quality prescribing
- Deferring your PCN declarations regarding online triage to 2025

Our new [safe working guidance handbook](#) embeds and prioritises safe high-quality care for your patients by focusing on the delivery of prioritising core GP services. These actions will work and build growing leverage in the months ahead to support us in negotiations for you and your practice team.

GP action tracker

GPs and practice teams have never been more unified by our desire to protect our patients, practices, and safeguard our collective future. Taking action won't breach the GP contract but will show local health systems and NHS England our strength of feeling. The time to act is now.

Let us know what actions your practice is taking for September's snapshot through our [monthly action tracker](#) so we can build heat maps and see all our efforts combined across the 42 ICBs (**closing this Sunday 22 September**).

GP 2024 Practice Finance Survey – now closing TODAY (20 September)

The annual practice finance survey is a key element of our evidence in negotiating our collective asks demonstrating the current, contemporaneous financial pressures on practices. Please share the survey link with your practice manager or finance lead partner this afternoon and submit what you can!

The recent DDRB uplifts have resulted in a 1p rise per patient per day – this is still woefully insufficient to stabilise practices which are collapsing. Help us to help you: www.research.net/r/H9CYXCP

Darzi Review

Last week saw the [publication of the Darzi Review](#) which was commissioned by Health Secretary, Wes Streeting to undertake a rapid investigation of the state of the NHS, assessing patient access, quality of care and the overall performance of the health system. The BMA has been clear [in our response](#) that the review echoes many of our own concerns and recommendations. The review noted that:

"Engaging with doctors is essential, valuing the staff tasked with resuscitating the NHS is critical, but an honest conversation with the public about what money goes where, what will and will not be provided, and what will be rationed until additional resources are made available, is imperative."

The BMA made several submissions to the Review itself highlighting four areas which must be prioritised by the Government in its efforts to [deliver a new 10-year plan for the NHS](#). These include access to healthcare, increasing workforce capacity in primary and secondary care, improving public health and boosting NHS finance, capital and productivity. These are areas we think warrant immediate attention if the Government is serious about starting to rebuild the damage done to the NHS over the past decade.

I [spoke on Times radio](#) saying that the NHS recovery plan and growing primary care as a proportion of the NHS budget, could be 'music to my ears, as a GP'. 'A lot of the messages are ones we have been calling for'. However as Katie also said on BBC Radio 4's Today programme last Friday 13 September, general practice cannot wait for prolonged Government plans and papers next year – general practice is collapsing now, which is why we have no choice but to take collective action now to prevent the loss of more GP surgeries and the loss of experienced GPs from the NHS workforce.

Liberal Democrat Party Conference

I also attended events and meetings at this year's Liberal Democrat conference with GPCE contracts and regulations policy lead, Dr James Booth. The aim was to secure awareness and support for our key asks of government. Events included an NHS Providers roundtable with key health stakeholders chaired by The Guardian's senior health correspondent, Denis Campbell, and meetings with a new MPs, Tom Gordon, Pippa Heylings, Tom Morrison, Ian Sollom, Freddie Van Mierlo, Will Forster and Clive Jones.

Your GPC England representatives outlined current pressures facing general practice, our exceptional mandate to take action, GPCE asks of government, including additional funding and a new contract, and what our next steps will be. The meetings were productive with MPs gaining a greater understanding of the current situation and offering their support in addressing our concerns with the Government.

Rollout of the medical examiner system in England

In England, the statutory implementation of the medical examiner system has taken place. Independent scrutiny by a medical examiner is now a statutory requirement prior to the registration of all non-coronial deaths. Information from the [Department of Health and Social Care is here](#).

If you require further information on implementation in your area, please contact your LMC. For more wider information on the medical examiner system please [contact the BMA](#).

DDR B Report 2024/25: Implications for General Practice

The Government accepted the recommendations of the 52nd [DDR B \(Doctors and Dentists Pay Review Body\) Report](#), and for the first time since 2018/19 the DDRB made recommendations in relation to both GP contractors / partners and salaried colleagues. NHS England/DHSC have now finalised how the DDRB Award of 6% for Contractors will be implemented, and practices should receive backdated sums to April 2024 in this month's pay run from ICBs.

The aggregate rise in the 2024/25 GS (Global Sum) payment per weighted patient will be 7.4% resulting in a new GS payment per weighted patient of £112.50 – an increase of £7.77 compared to 2023/24. The OOHs deduction remains at 4.75% and in absolute terms this will change from £4.97 to £5.34, aligning with the total uplift of 7.4%.

The value of each QOF point in 2024/25 will therefore be £220.62 compared with £213.43 in 2023/24 (an increase of 3.4%). The DDRB has also recommended a 6% increase to GP sessional colleagues' salary scales from 1 April 2024. GPC England has drafted a [Focus On document](#) which includes:

- what uplift the DDRB has recommended this year
- the mechanisms used to apply it to the Global Sum
- how this affects the Global Sum payment per weighted patient and
- why not every practice always gets enough to pass on the full pay uplift to their practice-employed staff.

Our focus on document is also available on the [BMA website](#).