

GPs are on your side

The practice is taking collective action in support of the BMA campaign to protect general practice.

As you may know the background to this is the under-funding of general practice over successive years which is eroding our ability to deliver services to our patients and provide our staff with pay and benefits in line with the cost of living. There are now 1000 fewer surgeries than 10 years ago, 10,000 fewer GPs and in real terms funding to practices has been cut by over £660 million since 2019. Currently we receive £107.57 per year for each patient irrespective of their health needs – you pay more than this for a TV license!

A campaign has been running with the BMA for some time for general practice to receive a bigger slice of NHS funding to train and hire more GPs, deliver more services and make it easier for patients to get appointments; we all feel the pressure of this every day.

We want to call time on this and help to make general practice what it once was, delivering continuity of care in a surgery full of friendly faces in a safe building where patients got the care they needed.

In a recent ballot of GP Partners 98.3% voted in favour of collective action to save general practice and the following are the areas that the BMA has proposed and how the practice intends to respond.

1. BMA Proposal - Limit daily patient contacts per clinician to the recommended safe maximum of 25.

The practice has long implemented a safe working principle for appointments but we also recognise the challenges of our rural locality and those necessary exceptions for patient safety and care such as unwell children and patients at the end of life. Therefore we will continue to work in this way and in line with BMA guidance we will divert patients to local urgent care settings/NHS 111 once our safe maximum is reached.

2. GPs can use a system known as e-Referral Advice and Guidance allowing them to seek advice from another clinician often in Secondary Care if they find it useful for patients but they are never under obligation to do so. The downside of this can often lead to additional work being passed back to your GP prior to them being able to send a referral which results in delay for the patient. The practice will challenge the forced use of this system.

3. We will review any action we undertake on a voluntary and unfunded basis which plugs local gaps in providing services and we may consider the temporary or permanent ending of the service.

4. We will not ration referrals, investigations or admissions and all will be sent for specialist care when clinically appropriate. With the exception of Fast Track referrals (2 week wait) we will not engage with locally imposed proformas or referral forms requesting significant pre-referral testing which takes considerable practice time and resources as well as delaying the referral being sent. Instead we will send a contractually compliant professional referral letter which will be drafted to include an explanation of the reasons for this for our secondary care colleagues.

5. We have already switched off GP Connect Update record functionality which permits the entry of coding into the GP record by third party providers. As the data controller we cannot accept responsibility for data entered by third parties.

6. We will not agree to further data sharing agreements unless they relate to direct patient care.

7. We will switch off Medicines Optimisation Software embedded by the local ICB for the purposes of financial control and /or rationing.

NHS England have also provided further patient information on the link below

[NHS England » GP collective action – patient information](#)

I hope that you will support the practice to send a message to the government that General Practice has been broken and that we must fix it.

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